

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045472

STATE FILE NUMBER

11909

75862-5.8

FILED JAN 5 1958

Registration District No.

318

Primary Registration District No.

1008

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Charles	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital		d. STREET ADDRESS (If outside, give location) 2306 No. Benton	
Length of stay in lb 5wks		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last George Alan Bufford			4. DATE OF DEATH Month Day Year Dec. 10, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-18-58
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) St. Charles, Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Climent Bufford		13b. MOTHER'S MAIDEN NAME Erma Price	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Jane Henrichsen 500 S. Kingshighway
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) massive atelectasis DUE TO (b) aspiration DUE TO (c) 762.5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diarrhea due to E. coli 0:111. Premature infant			INTERVAL BETWEEN ONSET AND DEATH Several hours
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10-18-58 to 12-10-58 and last saw her alive on 12-10-58 Death occurred at 8:50pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Richard H. ... M.D.</i>		22b. ADDRESS 500 S. Kingshighway	
22c. DATE SIGNED 12-10-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-12-58	
23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.		23d. LOCATION (City, town, or county) ST. CHARLES Mo	
24. FUNERAL DIRECTOR C.L. PRINSTER ST. CHARLES, Mo		25. DATE RECD. BY LOCAL REG. DEC 11 '58	
26. REGISTRAR'S SIGNATURE <i>Earl Smith MO</i>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

PRINSTER-HUGHES F.H. INC.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by , Student Embalmer No. working under my personal supervision. *Body not embalmed*

Student
Signature of Student Embalmer

Signed *L. R. Prenter*

Licensed Embalmer No.

P. O. Address *H. Charles M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.