

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016661
STATE FILE NUMBER

FILED VS. APR 22 1960

Primary Registration District No. _____ Registrar's No. **2 3931**

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1013 Dillon Ct.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1013 Dillon Ct.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Gromer Middle Buford Last Buford				4. DATE OF DEATH Month April Day 7 Year 1960									
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-17-1894		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY unemployed		11. BIRTHPLACE (City and state or country) Brinkley, Arkansas				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Robert Buford				13b. MOTHER'S MAIDEN NAME Maggie Smith				14. NAME OF HUSBAND OR WIFE Beatrice Buford					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) yes WW I				16. SOCIAL SECURITY NO. 490-26-2097		17. INFORMANT Address Mrs. Beatrice Buford - 1013 Dillon Ct.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia										INTERVAL BETWEEN ONSET AND DEATH 5 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 490 X													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 4/2/60 to 4/7/60 and last saw him alive on 4/7/60 Death occurred at 10:30/10 am A. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Wayne C. Payne (Degree or title)				22b. ADDRESS 1423 W. Grand				22c. DATE SIGNED 4/8/60 (State)					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11 Apr 1960		23c. NAME OF CEMETERY OR CREMATORY National Cemetery				23d. LOCATION (City, town, or county) Jefferson Barracks Mo.					
24. FUNERAL DIRECTOR Atkins Bros. ADDRESS 3644 Finney Ave.				25. DATE RECD. BY LOCAL REG. APR 9 1960				26. REGISTRAR'S SIGNATURE Loan Smith, M.D.					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DRUMICK in Payment

1923 No. Barrows

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John F. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.