MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-041765
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1142

FILED DEC 3 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	8128
2	8621
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Length of stay in 1b: 4 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MISSOURI b. COUNTY: MADISON
c. CITY OR TOWN: FREDERICKTOWN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 213 ALBERT — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROBERT Middle OTHO Last BUZBEE
4. DATE OF DEATH: Month NOV Day 27 Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-11-96
9. AGE (last birthday): 66 — 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): MINER
10b. KIND OF BUSINESS OR INDUSTRY: MINING
11. BIRTHPLACE (City and state or country): DELEON TEXAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JAMES BUZBEE
13b. MOTHER'S MAIDEN NAME: MATTIE ARNOLD
14. NAME OF HUSBAND OR WIFE: JESSIE BUZBEE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of servic WWI
16. SOCIAL SECURITY NO.
17. INFORMANT Address: VA HOSPITAL RECORDS POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ACUTE MYOCARDIAL INFARCTION 9LB	3 DAYS
DUE TO (b)	CORONARY ARTERIOSCLEROSIS 9LB	---
DUE TO (c)		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CHRONIC OBSTRUCTIVE PULMONARY EMPHYSEMA 9LB

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from Nov. 23, 1962, to Nov. 27, 1962 ~~and last saw him alive on~~ Kerhim
Death occurred at 11:30PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title): Eugene Rorek, M.D. EUGENE ROREK, M.D. Actg. Chief, Med. Scv.
22b. ADDRESS: VA HOSPITAL POPLAR BLUFF, MO.
22c. DATE SIGNED: 11-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 30, 1962
23c. NAME OF CEMETERY OR CREMATORY: Christian Cemetery
23d. LOCATION (City, town, or county) (State): Madison County, Missouri

24. FUNERAL DIRECTOR: R. V. Adamson — ADDRESS: Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG.: 11/30/1962
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 1962

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.

Student_____
Signature of Student Embalmer

Signed J. Adamson

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, MO.

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.