

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7251

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ADAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRASHEAR	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAUGHLIN HOSPITAL			

3. NAME OF DECEASED (Type or Print) CHARLES		a. (First) _____ b. (Middle) _____ c. (Last) BUHL		4. DATE OF DEATH MARCH 18, 1949	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 20, 1869	9. AGE (in years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME WILLIAM H. BUHL		13b. MOTHER'S MAIDEN NAME ALICE SMITH		14. NAME OF HUSBAND OR WIFE MAUDE COCKRUM	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MAUDE BUHL ADDRESS BRASHEAR MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH ? ? ?
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Chronic Nephritis		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Bronchial Asthma		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 592X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from March 17, 1949, to March 18, 1949, that I last saw the deceased alive on March 18, 1949, and that death occurred at 10:50 A. M., from the causes and on the date stated above.

23a. SIGNATURE A. T. Rhoads, D.O. (Degree or title)		23b. ADDRESS Kirkville, Mo		23c. DATE SIGNED 3-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE March 22, 1949		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F	
		24d. LOCATION (City, town, or county) HURDLAND		(State) MO	

DATE REC'D BY LOCAL REG. 3-22-49		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Gen. Heasley Jr. ADDRESS Hurdland Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 25 1951

RECEIVED
District Health Officer No. 10
District File Number 3495
Date Filed MAR 29 1949

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.

Signed Geoff Easley Jr

Signed _____
Student Embalmer

Licensed Embalmer No. 3755

P. O. Address Hurdland 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 this body is not embalmed, fact should be so stated above.