

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32796**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **377**

**1. PLACE OF DEATH**  
 a. COUNTY **Callaway**  
 b. CITY (If outside corporate limits, write RURAL and give town) **Fulton** OR TOWN  
 c. LENGTH OF STAY (If in place) **9d**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **State Hosp #1**

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission.)  
 a. STATE **Mo**  
 b. COUNTY **Saline**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sweet Springs**  
 d. STREET ADDRESS (If rural, give location) **0970**

**3. NAME OF DECEASED**  
 a. (First) **BENJAMIN** b. (Middle) **C.** c. (Last) **BUIE**

**4. DATE OF DEATH** (Month) (Day) (Year)  
**Nov 7 1950**

**5. SEX**  
**M**

**6. COLOR OR RACE**  
**W**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
**4**

**8. DATE OF BIRTH** **NOV 9 1858**

**9. AGE** (In years, less birthday) **91**  
 If under 1 year: Months \_\_\_\_\_ Days \_\_\_\_\_  
 If under 12 mos. Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**farmer**

**10b. KIND OF BUSINESS OR INDUSTRY**  
**farm**

**11. BIRTHPLACE** (State or foreign country)  
**MISSOURI**

**12. CITIZEN OF WHAT COUNTRY?**  
**AK**

**13a. FATHER'S NAME**  
**JOHN BUIE**

**13b. MOTHER'S MAIDEN NAME**  
**CLARK**

**14. NAME OF HUSBAND OR WIFE**  
**ELIZABETH BUIE**

**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** ADDRESS  
**STATE HOSPITAL #1 Fulton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **cardio-renal disease**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH**  
**442X**

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?**  
 YES  NO

**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  NOT WHILE AT WORK

**21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from Oct 29, 1950, to Nov 7, 1950, that I last saw the deceased alive on Nov 7, 1950, and that death occurred at 5a m., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title)  
**W. Caldwell M.D.**

**23b. ADDRESS**  
**State Hosp Fulton Mo**

**23c. DATE SIGNED**  
**11-7-50**

**24a. BURIAL, CREMATION, REMOVAL** (Specify)  
**Burial**

**24b. DATE**  
**11/9/1950**

**24c. NAME OF CEMETERY OR CREMATORY**  
**Fairview**

**24d. LOCATION** (City, town, or county) (State)  
**Sweet Springs Mo**

**DATE REC'D BY LOCAL REG.**  
**Nov. 11-1950**

**REGISTRAR'S SIGNATURE**  
**Maretha Lawrence**

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS  
**426 Lawrence Funeral Home Fulton Mo**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 13 1950  
**RECEIVED**

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Walter J. Haines Jr.*

Licensed Embalmer No. *4557*

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