S. No. 300
v. 10-48

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FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 32858

BIRTH NO. 636-34-50 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 332

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (in this place) 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Francis Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ancell 1000
d. STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND b. (Middle) GEORGE c. (Last) BUHS JR.

4. DATE OF DEATH (Month) (Day) (Year) October 21 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH October 15, 1950
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months — Days 6 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Cape Girardeau Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Raymond Buhs
13b. MOTHER'S MAIDEN NAME Evelyn Henderson
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME George Buhs ADDRESS Ancell, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spina Bifida — INTERVAL BETWEEN ONSET AND DEATH 6 days

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.* ✓ — 751X

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* 10-15, 1950, *to* 10-21, 1950 *that I last saw the deceased alive on* 10-21, 1950, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] Mrs
23b. ADDRESS Cape Girardeau Mo.
23c. DATE SIGNED 10-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-22-50
24c. NAME OF CEMETERY OR CREMATORY St Augustines
24d. LOCATION (City, town, or county) Kelso (State) Missouri

DATE REC'D BY LOCAL REG. 10-30-1950
REGISTRAR'S SIGNATURE C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE Bergling Hoff Funeral Home ADDRESS Illinois Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 6 1950

DISTRICT HEALTH OFFICE No. C

File No.....

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**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 .....
Student Embalmer

Signed Oliver C Smith

Licensed Embalmer No. 4470

P. O. Address Ellsw, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.