

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3454

1997

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

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION I62½ South Jefferson		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackwater township 0970	
d. STREET ADDRESS I2 miles south Marshall		f. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) E. c. (Last) VanBuskirk			4. DATE OF DEATH (Month) (Day) (Year) February 4, 1951
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2/	8. DATE OF BIRTH Aug. 23, 1872
9. AGE (In years last birthday) 78		10. MONTHS 5	11. DAYS II
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Saline County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Samuel VanBuskirk	
13b. MOTHER'S MAIDEN NAME Emily Jane Driskell		14. NAME OF HUSBAND OR WIFE -----	
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 Albert VanBuskirk, Mt. Leonard, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Alcoholism</i>	
DUE TO (c) <i>Hypertension</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <i>made in realization Feb. 5, 1951</i> , to <i>1951</i> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7:30</i> p. m., from the causes and on the date stated above.	
23a. SIGNATURE <i>C. L. Lucas</i> Coroners Saline Co.		23b. ADDRESS Marshall Mo.	
23c. DATE SIGNED 2-6-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 7	
24b. DATE Feb. 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Antioch cemetery	
24d. LOCATION (City, town, or county) (State) Saline County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>Widney T Gray</i> 385	
25. ADDRESS CAMPBELL-LEWIS-MARSHALL-Mo.		DATE REC'D BY LOCAL REG. Feb. 6-1951	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-13-51 _____

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 *James H. Lewis Jr.*

Licensed Embalmer No. *4709*

P. O. Address *Marshall, 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.