

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23661**

FILED AUG 14 1951

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4305** Registrar's No. **54**

0606

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

1. PLACE OF DEATH a. COUNTY Deleware McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Deleware	
b. CITY (If outside corporate limits, write RURAL and give township) Anderson		c. CITY (If outside corporate limits, write RURAL and give township) Jay, Oklahoma	
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location) 8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print)	a. (First) Ollie	b. (Middle) (n)	c. (Last) Buzzard	4. DATE OF DEATH (Month) (Day) (Year) July 29 1951
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5. SEX Female	6. COLOR OR RACE Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 1905	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife in	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Jay, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ratler Sharp	13b. MOTHER'S MAIDEN NAME Nancy Smoke	14. NAME OF HUSBAND OR WIFE J.W. Buzzard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME J.W. Buzzard + Jackson Buzzard	ADDRESS Jay, Oklahoma
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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		INTERVAL BETWEEN ONSET AND DEATH 18 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vessels		
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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? NO YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 174X
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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? _____
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22. I hereby certify that I attended the deceased from **May 1, 1950** to **July 29, 1951**, that I last saw the deceased alive on **July 25, 1951**, and that death occurred at **6 P** m., from the causes and on the date stated above.

23a. SIGNATURE D. B. Buck M.D. (Degree or title)	23b. ADDRESS Anderson, MO	23c. DATE SIGNED 7-29-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 29 1951	24c. NAME OF CEMETERY OR CREMATORY Indian Cemetery	24d. LOCATION (City, town, or county) (State) Jay, Oklahoma
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DATE REC'D BY LOCAL REG. 7-30-51	REGISTRAR'S SIGNATURE Mayme Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE Wesley F. Groves	WESLEY F. GROVES HOME GROVE OKLA
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 11 1951

Dist. File 8-11-1489

Date Filed 8-11-51

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.....

Student Embalmer No.

working under my personal supervision.

~~NOT EMBALMER~~

H. E. Corley
Signed.....

Student

Student Embalmer

Licensed Embalmer No.

P. O. Address.....

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.