

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

8373

State File No. ....

46

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <u>324</u>  |  | PRIMARY REG. DIST. NO. <u>3072</u>   |  | Registrar's No. ....   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saline</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Saline</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Marshall</u>   |  | c. LENGTH OF STAY (in this place)<br><u>8 yrs.</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Marshall,</u>   |  | <u>0972</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>473 W. Marion</u>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>473 West, Marion</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>Herbert</u>  |  | b. (Middle) <u>Buford</u>  |  | c. (Last) <u>Buford</u>  |  |
| 4. DATE OF DEATH  |  | 5. SEX <u>Male</u> 6. COLOR OR RACE <u>Negro</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> 8. DATE OF BIRTH <u>March 7, 1889</u> 9. AGE (In years last birthday) <u>63</u> 10. MONTHS <u>11</u> 11. DAYS <u>9</u> 12. IF UNDER 1 YEAR Hours <u>9</u> 13. IF UNDER 24 HRS. Min. <u>0</u>  |  |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Custodian</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Janitor Church</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Saline County, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                    |  |
| 13a. FATHER'S NAME<br><u>William Buford</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Salvina Tibbs.</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Mrs. Ida Buford</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |  | 16. SOCIAL SECURITY NO. <u>497-26-4037</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Ida Buford, Marshall, Missouri</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ |  |  |  | INTERVAL BETWEEN ONSET AND DEATH _____   |  |
| 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) _____  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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 <u>Feb 12</u> , 19 <u>53</u> , to <u>Feb. 16</u> , 1953, that I last saw the deceased alive on <u>Feb. 16</u> , 1953, and that death occurred at <u>5:40 p. m.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE <u>James G. Reed</u>   |  | (Degree or title) <u>MD</u>  |  | 23b. ADDRESS <u>Marshall, Missouri</u>   |  | 23c. DATE SIGNED <u>2-18-53</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>2/19/53</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>               |  |
| DATE REC'D BY LOCAL REG. <u>Feb 19, 1953</u>  |  | REGISTRAR'S SIGNATURE <u>Bidney J. Gray</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>George D. Green</u>  |  | ADDRESS <u>Marshall, Mo.</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

FILED FEB 24 1953

S. No. 300  
V. 10.48

972

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 \_\_\_\_\_

Licensed Embalmer No. 4220

P. O. Address Maishell, 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.