

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38723

State File No.

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ROARK TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0570</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>10 mi. S.W. of EOLIA 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 1/2 mi. S.W. of HERMANN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>WARD</u> c. (Last) <u>BUFFORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 6 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV 16-1892</u>	9. AGE (to years last birthday) <u>61</u>	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) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>EOLIA MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>JOHN W. BUFFORD</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA BUFFORD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>STANLEY BUFFORD</u> ADDRESS <u>EOLIA MO</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HUNTING ACCIDENT</u> <u>SHOT WITH 30/30 STEVEN RIFLE</u> ANTECEDENT CAUSES DUE TO (b) <u>by WALTER F. WHEELER, OF WELLSVILLE, MO</u> <u>MISTAKEN FOR DEER IN HEAVY</u> DUE TO (c) <u>WOODEN SECTION.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9191</u> <u>43</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ROARK TWP GASCONADE MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-6-53 12p</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>MISTAKEN FOR DEER</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22. SIGNATURE (Degree or title) <u>Dr. Hugo St. Blumel Coronel</u>	23b. ADDRESS <u>HERMANN MO</u>	23c. DATE SIGNED <u>11-6-53</u>
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24a. BURIAL CREMATION REMOVAL <u>REMOVAL</u>	24b. DATE <u>11-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BOWLING GREEN</u>	24d. LOCATION (City, town, or county) (State) <u>MO</u>
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DATE REC'D BY LOCAL REG. <u>11-9-53</u>	REGISTRAR'S SIGNATURE <u>Delma Berkeno</u> <u>492</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BANKHEAD FUNERAL HOME</u> ADDRESS <u>Bowling Green</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....
working under my personal supervision.

Student
Student Embalmer

Signed *August Berner*
Student Embalmer No.

Licensed Embalmer No. *3160*

P. O. Address *Herrman 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.