

FILED JAN 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. 41500

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5090		Registrar's No. 109	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) RURAL Rock		c. LENGTH OF STAY (in this place) 36 yrs		c. CITY OR TOWN RURAL Rock		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Box 229 R.R. 12 KIRKWOOD, Mo				e. STREET ADDRESS (If rural, give location) Box 229 R.R. 12 KIRKWOOD 0			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) BUFKA			4. DATE OF DEATH (Month) 12 (Day) 29 (Year) 54				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 3, 1891	
9. AGE (In years last birthday) 63		10. MONTHS 5		11. DAYS 26		12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON Co, MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HENRY MUMBERGER			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ALBERT J. BUFKA		
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 J. BUFKA			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Obesity, hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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 _____, 19 46, to 12/2, 19 54, that I last saw the deceased alive on 12/2, 19 54, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Frank Huck M.D.				23b. ADDRESS Fenton, Mo		23c. DATE SIGNED 12/30/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 3-1955		24c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S CHURCHYARD		24d. LOCATION (City, town, or county) (State) FENTON Mo	
DATE REC'D BY LOCAL REG. Jan 1-1955		REGISTRAR'S SIGNATURE Ruth Jirsa 438		25. FUNERAL DIRECTOR'S SIGNATURE Leo H. Jirsa 404 MAIN ST FENTON, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 4 1955

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 GERALD J. MAHN, Student Embalmer No. 5 working under my personal supervision..

Student Gerald J. Mahn
Signature of Student Embalmer

Signed Daniel J. Mahn
Licensed Embalmer No. H
P. O. Address Re. Tol.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.