

STANDARD CERTIFICATE OF DEATH

State File No. **2190**

BIRTH NO. _____ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **3050** Registrar's No. **18**

1. PLACE OF DEATH
 a. COUNTY **Pemiscot**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Caruthersville**
 c. LENGTH OF STAY (in this place) **3 weeks**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **515 Reay E. 12th**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Pemiscot**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Caruthersville**
 d. STREET ADDRESS (If rural, give location) **515 Reay E. 12th Cville Mo**

3. NAME OF DECEASED (Type or Print) **Don**
 a. (First) **Don** b. (Middle) _____ c. (Last) **Buggs**
 4. DATE OF DEATH (Month) (Day) (Year) **Jan 20 56**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married** 8. DATE OF BIRTH **Unknown**
 9. AGE (In years) (Months) (Days) (Hours) (Min.) **abt 78**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Cook + Bartender** 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and State or Foreign Country) **Bards town, Kentucky** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Frank Buggs** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **No** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Minnie Harris** ADDRESS **St Louis, Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Burned to death**
 ANTECEDENT CAUSES (b) _____
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) _____
 II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) **9160**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION: **16** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Caruthersville Pemiscot Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **1-20-56 P.m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **House Burned**

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 _____ P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W German Coronator** 23b. ADDRESS **Hayti, Mo** 23c. DATE SIGNED **1-21-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **22 Jan 56** 24c. NAME OF CEMETERY OR CREMATORY **St Pauls Cemetery** 24d. LOCATION (City, town, or county) (State) **Caruthersville, Mo**

DATE REC'D BY LOCAL REG. **Jan 23, 1956** REGISTRAR'S SIGNATURE **Jessie B. Wilke** 25. FUNERAL DIRECTOR'S SIGNATURE **P. B. Wood** ADDRESS **Cville Mo.**

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

1-27-56

JAN 25 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

9561 30 1956

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

not embalmed

Signed P. B. Wood

Licensed Embalmer No. 4833

P. O. Address Caruthersville, 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.