

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25826

State File No.

FILED AUG 10 1956

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6249 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY ST. LOUIS <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>NEAR OLD RIVERSIDE</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 DA.</u>		e. STREET ADDRESS (If rural, give location) <u>20091 5662 LUCAS & HUNT ROAD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Benton Twp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JACOB</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>BUFFINGTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 2 1956</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>MAR. 8, 1885</u>	9. AGE (In years last birthday) <u>71</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>PACKING HOUSE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MEAT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RIPLEY CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRANKLIN BUFFINGTON</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH MALLORY</u>	14. NAME OF HUSBAND OR WIFE <u>ADA WOODS BUFFINGTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>494-03-7953</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ADA WOODS BUFFINGTON</u>	ADDRESS <u>ST. LOUIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 Hrs</u>
	ANTECEDENT CAUSES Morbidity 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 <u>H201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Benton Wayne MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-1 1956, to 8-2 1956, that I last saw the deceased alive on 8-1 1956, and that death occurred at 4:00A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. ...</u> (Degree or title)	23b. ADDRESS <u>Piedmont Mo.</u>	23c. DATE SIGNED <u>8-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PIEDMONT Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 6, 1956</u>	REGISTRAR'S SIGNATURE <u>Hazel Ward</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Norman W. ...</u> ADDRESS <u>Piedmont Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

460

RECEIVED
AUG 8 1956
WAYNE CO. HEALTH CENTER
FILE No.

AUG 14 1956

AUG 13 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 me Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Maurice Bowles

Licensed Embalmer No. 442

P. O. Address Fiedmont

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.