

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040728

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 380

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hannibal</b> 0644 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>121 Bird Street</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>THOMAS BUFORD</b>			4. DATE OF DEATH Month Day Year <b>November 13, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 4, 1893</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 85 Months 5 Days 9 Hours Min.
11. BIRTHPLACE (City and state or country) <b>Paris Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Ambrose Buford</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Hurst</b>	14. NAME OF HUSBAND OR WIFE <b>Sally Love Buford</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, acute, bilateral</b> DUE TO (b) <b>Multiple Fractures Ribs</b> DUE TO (c) <b>Multiple Contusions + Abrasions of body</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic Vascular Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>2 days</b> <b>2 days</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>A walket by unknown individual -</b>		
20c. TIME OF INJURY <b>8:15 p.m. 11/11/58</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>127 1/2 St - Home</b>	20f. CITY, TOWN, OR LOCATION <b>Hannibal</b>	COUNTY <b>Marion</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>11-11-58</b> to <b>11-13-58</b> and last saw her/him alive on <b>11-13-58</b> Death occurred at <b>7:50 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert J. Lanning MD</b> (Degree or title)		22b. ADDRESS <b>Hannibal, Missouri</b>	22c. DATE SIGNED <b>11-15-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/17/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grand View Burial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>
24. FUNERAL DIRECTOR <b>W. Crawford Smith Hannibal Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>11-20-58</b>	26. REGISTRAR'S SIGNATURE <b>Dr. Em. Lucke By W. C. Fisher</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

RECEIVED NOV 26 1958  
MARION CO. HEALTH DEPT.  
DATE FILED NOV 26 1958

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 .....  
Signature of Student Embalmer

Signed *A. C. ...* .....

Licensed Embalmer No. 3814 .....

P. O. Address Hannibal Missouri

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.