

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028911

FILED VS. SEP 8 1959 / 44

Registration District No. Primary Registration District No. 4234 Registrar's No. 87

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Iron</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ironton</b>		Length of stay in 1b <b>6 da.</b>	c. CITY OR TOWN <b>Bellevue Twsp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rd. # 21, 2 mi. N, of Caledonia</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JAMES HARVEY BUXTON</b>			4. DATE OF DEATH Month Day Year <b>Aug. 30 1959</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-13-79</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	11. BIRTHPLACE (City and state or country) <b>Iron Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>William D. Buxton</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Jane Stout</b>		14. NAME OF HUSBAND OR WIFE <b>##</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT <b>Lulu Buxton, Caledonia Mo.</b> 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>bilateral bronchial pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
DUE TO (b) <b>cerebral hemorrhage</b>					<b>6 days</b>
DUE TO (c) <b>hypertension, hypertensive heart disease</b>					<b>?</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>generalized far advanced arterio sclerosis</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>8-24-59</b> to <b>8-30-59</b> and last saw <sup>her</sup> him alive on <b>8-29-59</b> Death occurred at <b>2:11 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree title) <b>R. E. Harland M.D.</b>			22b. ADDRESS <b>Ironton, Missouri</b>		22c. DATE SIGNED <b>8-31-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>9-1-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Presbyterian Cemetery Caledonia Mo.</b>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>White Funeral Home, Ironton Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-31-59</b>		26. REGISTRAR'S SIGNATURE <b>Ma Ains Jones</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Amel J. White

Licensed Embalmer No. 3012

P. O. Address Dorchester

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.