

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34767

FILED OCT 24 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 337

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Esther</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Esther</b>	
c. LENGTH OF STAY (in this place) <b>4 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)  
a. (First) **Joe** b. (Middle) **Buff** c. (Last) **Buff**  
4. DATE OF DEATH (Month) (Day) (Year) **Oct. 10 1951**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **Dec. 11, 1862** 9. AGE (In years last birthday) **88** IF UNDER 1 YEAR Months **9** Days **29** IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Carpenter** 10b. KIND OF BUSINESS OR INDUSTRY **Self** 11. BIRTHPLACE (State or foreign country) **Richwood, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U S**

13a. FATHER'S NAME **John Buff** 13b. MOTHER'S MAIDEN NAME **Mary Suiter** 14. NAME OF HUSBAND OR WIFE **Ellen Rutledge**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Bert McBride Esther, 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) **Broncho-pneumonia** INTERVAL BETWEEN ONSET AND DEATH **6 d**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (c) **?**  
II. OTHER SIGNIFICANT CONDITIONS **acute, ventral respiratory infection** Conditions contributing to the death but not related to the disease or condition causing death. **hypertension, arterio-sclerosis**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **491X** 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 51**, 19**51**, to **Oct 10**, 19**51**, that I last saw the deceased alive on **10-10**, 19**51**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **H. O. Garber M.D.** (Degree or title) 23b. ADDRESS **Residence No.** 23c. DATE SIGNED **10-17-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Oct. 12, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Catholic Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Francois, Mo.**

DATE REC'D BY LOCAL REG. **Oct. 16, 1951** REGISTRAR'S SIGNATURE **Esther Rudloff** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C. Z. Loyer & Son, Dealey Mo.**

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

OCT 21 1951

RECEIVED

---

---

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

Signed C. Z. Sawyer

Licensed Embalmer No. 1641

P. O. Address Desloge 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.