

FILED JAN 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40461

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 228

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie Twp.</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>206 East 3rd Street</u>	
		d. STREET ADDRESS (If rural, give location) <u>Lee's Summit Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Owen</u> b. (Middle) <u>J</u> c. (Last) <u>Buckley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 48</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct, 4 1867</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Anglesea, North Wales</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Buckley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Amanda E. Buckley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Nina Harris Lee's Summit Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>137a</u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 da</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Hypertrophy of Prostate</u> <u>10 yrs</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <u>12-23-48</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy of Prostate</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-10</u> , 19 <u>48</u> , to <u>12-25</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12-24</u> , 19 <u>48</u> , and that death occurred at <u>10:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>DR KNIGHT M.D.</u> (Degree or title)		23b. ADDRESS <u>Lee's Summit Mo.</u>	23c. DATE SIGNED <u>12/27/48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/27/48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-27-48</u>	REGISTRAR'S SIGNATURE <u>Donald C. Emschauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lee's Summit</u>	

FEB 1 1949

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.

Signed *N. O. Langford*

Signed _____
Student Embalmer

Licensed Embalmer No. 5833

P. O. Address Lee's Summit 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.