

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4637

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5459 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Center township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Center township	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Willard, Mo R2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Willard, Mo R2			

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Caledonia c. (Last) Buckow			4. DATE OF DEATH (Month) (Day) (Year) March 2nd 1949		
---	--	--	--	--	--

5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH August-25 th -1872		9. AGE (In years last birthday) 76 6 7		if UNDER 1 YEAR Months Days Hours Min.	
---------------	--	------------------------	--	--	--	--	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home Keeper			11. BIRTHPLACE (State or foreign country) Greene Co., Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
---	--	--	---	--	--	--	--	--	----------------------------------	--	--

13a. FATHER'S NAME Andrew McKinney			13b. MOTHER'S MAIDEN NAME Amanda Harris			14. NAME OF HUSBAND OR WIFE Herman C. Buckow, deceased					
------------------------------------	--	--	---	--	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Tom Bagley, Willard, Mo R2					
---	--	--	-------------------------	--	--	--	--	--	--	--	--

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronio Myocarditis DUE TO (c) Cerebral Hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4-2-2								INTERVAL BETWEEN ONSET AND DEATH	
---	--	--	--	--	--	--	--	--	--	----------------------------------	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Type or title) Helen B. Mitchell				23b. ADDRESS 232 Republic Mo				23c. DATE SIGNED 3/3/49			
--	--	--	--	------------------------------	--	--	--	-------------------------	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-6-1949		24c. NAME OF CEMETERY OR CREMATORY Glen Cross		24d. LOCATION (City, town, or county) (State) Near Bois Des Bois Mo			
--	--	--------------------	--	---	--	---	--	--	--

DATE REC'D BY LOCAL REG. 3/6/49		REGISTRAR'S SIGNATURE Thelma Wilson			104		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene A. Brown Walnut Grove Mo		
---------------------------------	--	-------------------------------------	--	--	-----	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

79
3

Date Filed 3-10-49
3-10-49
Office

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.....

Warren D. Noble

Licensed Embalmer No.

4005

P. O. Address.....

Ash Grove

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.