

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5592

State File No.

FILED MAR 3 1949

69

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

| | | | | | | | | |
|---|-------------------------------|--|--|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>226</u> | | PRIMARY REG. DIST. NO. <u>5798</u> | | Registrar's No. <u>4</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Monroe</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN <u>Rural Paris, Mo.</u> | | c. LENGTH OF STAY (in this place) <u>12 Yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN <u>Paris, Missouri Rural</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4 Miles North east of Paris</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> | | | b. (Middle) <u>B.</u> | | c. (Last) <u>Buckman</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-17-1949</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>October 1-1878</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u> | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u> | | 11. BIRTHPLACE (State or foreign country) <u>Shelby County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Robert D. Buckman</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ella Jane Greenwell</u> | | 14. NAME OF HUSBAND OR WIFE <u>Divorced (Unknown)</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>John Buckman Paris, Mo. Rural</u> | | | | |
| 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) <u>acute nephritis, dual</u> ANTECEDENT CAUSES <u>contracted acute respiratory failure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>renal compensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ADK</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4.5</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>51</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) _____ | | 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>Nov 1872</u> to <u>Feb 17 1949</u> , that I last saw the deceased alive on <u>Feb 17, 1949</u> , and that death occurred at <u>5:05</u> p.m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Nellis L. Christman R.O.</u> | | | | 23b. ADDRESS <u>Paris, Mo</u> | | 23c. DATE SIGNED <u>2-18-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-19-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>Feb 20, 1949</u> | | REGISTRAR'S SIGNATURE <u>Chris Little</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Million & Barkley</u> | | ADDRESS <u>Shelbina, Mo.</u> | | |

RECEIVED

District Health Officer No. 10

District File Number 2493

Date Filed SEP 28 1940

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3495

P. O. Address Heldens Md

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.