

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12208**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Newell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caulfield</u>	
c. LENGTH OF STAY (in this place) <u>15 days</u>		d. STREET ADDRESS (If rural, give location) <u>R.F. D. 9</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Ottel Neap</u>		d. STREET ADDRESS (If rural, give location) <u>R.F. D. 9</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Newton</u> c. (Last) <u>Buckey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 1 '49</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>2-23-99</u>
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Bakersfield, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Al Buckey</u>		13b. MOTHER'S MAIDEN NAME <u>Maranda Wicker</u>	
14. NAME OF HUSBAND OR WIFE <u>Barbara Buckey</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Barbara Buckey</u> ADDRESS <u>Caulfield Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforated Peptic Ulcer</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Blind since childhood</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Large perforation 18 hours duration</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u>	
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>3-16, 1949</u> , to <u>4-1, 1949</u> , that I last saw the deceased alive on <u>4-1, 1949</u> , and that death occurred at <u>11:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. W. Stoll M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains Mo</u>	
23c. DATE SIGNED <u>4-3-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>12</u>	
24b. DATE <u>4-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bakersfield</u>	
24d. LOCATION (City, town, or county) (State) <u>Bakersfield Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains Mo</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>4-26-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 309	

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

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RECEIVED

District Health Officer No. 5,

District File Num. 549330

Date Filed 5-6-49

AUG 12 1950

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

J. S. Robertson

Licensed Embalmer No. 3437

P. O. Address West Plains, S

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.