

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13068

BIRTH NO. _____		REG. DIST. NO. 199		PRIMARY REG. DIST. NO. 5732		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Easley Township			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Rural Easley Township			61
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) East Of South Gifford Mo			
3. NAME OF DECEASED (Type or Print) Betha		a. (First)		b. (Middle) Unice		c. (Last) Buck	
4. DATE OF DEATH April 5 1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 16 1867		9. AGE (In years last birthday) 81. 7 Months 21 Days Hours Min.	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Ohio			12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME Dan Sidders		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE J. H. Buck			
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 A. W. Buck		ADDRESS Lacrosse Mo	
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) Coronary Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 3-22, 1949, and that death occurred at 5:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE L. N. Grod 2 D.O.				23b. ADDRESS La Plata Mo.		23c. DATE SIGNED 4-7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 7-49		24c. NAME OF CEMETERY OR CREMATORY Chariton Grove		24d. LOCATION (City, town, or county) (State) Macon County Mo	
DATE REC'D BY LOCAL REG. 4-13-1949		REGISTRAR'S SIGNATURE Daphne Howerton		5. FURNERAL DIRECTOR'S SIGNATURE W. H. McCollum		ADDRESS South Gifford Mo	

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

RECEIVED

District Health Officer No.

District File Number 449

Date Filed APR 18 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 W. H. McCallum

ned.....  
Student Embalmer

Licensed Embalmer No. 2052

P. O. Address South Gifford Ho

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.