

FILED JUL 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. **18769**

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **5149** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Gomer Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gomer Twp. Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Mi East of Hamilton		d. STREET ADDRESS (If rural, give location) 3 Mi. East of Hamilton	

3. NAME OF DECEASED
a. (First) **Hessie** b. (Middle) _____ c. (Last) **Buck**

4. DATE OF DEATH **June 20, 1949**

5. SEX **Female** / 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, **MARRIED** / 8. DATE OF BIRTH **Nov. 15, 1901**

9. AGE (In years last birthday) **47** Months **7** Days **5** 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 **XXXX**

11. BIRTHPLACE (State or foreign country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William E. Childers** 13b. MOTHER'S MAIDEN NAME **Esther** 14. NAME OF HUSBAND OR WIFE **(Not known) John Buck**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No.** (If yes, give year or dates of service) **XXX**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **John Buck** ADDRESS **Hamilton, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CARCINOMA OF BREAST**

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.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **none**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **none**

INTERVAL BETWEEN ONSET AND DEATH **1 year**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Carcinoma breast**

20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Jan. 1949**, to **6-20-49** 1949, that I last saw the deceased alive on **6-20-**, 1949, and that death occurred at **1.00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Frank R. Daley** (Degree or title) **MD** 23b. ADDRESS **Hamilton, Mo.** 23c. DATE SIGNED **6-21-49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 22, 1949** 24c. NAME OF CEMETERY OR CREMATORY **Highland Cemetery** 24d. LOCATION (City, town, or county) (State) **Hamilton, Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **June 23, 1949 Mrs. Nell B. Jones** 25. FUNERAL DIRECTOR'S SIGNATURE **Bram Funeral Home** ADDRESS **Hamilton, Mo.**

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

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0
0

SEP 14 1956

FEB 27 1958



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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____
Signed *R. A. Brann*

Licensed Embalmer No. 3052

P. O. Address Hawilton, 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.