

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

26010

State File No. ....

FILED AUG 30 1949

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>150</u>			
1. PLACE OF DEATH a. COUNTY <u>Audrian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrian</u>					
b. CITY OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (to this place) <u>13 yrs</u>		c. CITY OR TOWN <u>Mexico</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kingsdaughters Home</u>				d. STREET ADDRESS (If rural, give location) <u>Kingsdaughters Home</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adelaide</u>			b. (Middle) <u>Buckley</u>			c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 22 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, DIVORCED (Specify) <u>Single</u>			
8. DATE OF BIRTH <u>Dec. 27 1863</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR: Months <u>7</u> Days <u>25</u>		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>			11. BIRTHPLACE (State or foreign country) <u>Mo USA</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>March Buckley</u>		13b. MOTHER'S MAIDEN NAME <u>Cornelia Job</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J.W. Wiggington</u>			ADDRESS <u>St Louis Mo</u>	
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) <u>Cardiac failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infantile of age</u>					DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>191X</u>		
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) (Min.) _____		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>April 23, 1949</u> , to <u>Aug 19, 1949</u> , that I last saw the deceased alive on <u>Aug 19, 1949</u> , and that death occurred at <u>7:45</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>M. S. Mallanbach</u> (Degree or title) _____			23b. ADDRESS <u>M.S. Mexico Mo</u>			23c. DATE SIGNED <u>Aug 25, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 24 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>			
DATE REC'D BY LOCAL REG. <u>Aug 24 1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>		ADDRESS <u>Moberly Mo</u>			

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

RECEIVED AUG 29 1948  
District Health Officer No. 1  
District File Number 8-49-14  
Date Filed AUG 29 1948

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 Embalmer No.....

Signed Frank D DeWitt

Signed.....  
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly 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.