

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27679

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Crocker</u>	
c. LENGTH OF STAY (In this place) <u>Days</u>		d. STREET ADDRESS (If rural, give location) <u>110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Eugene b. (Middle) Elton c. (Last) Bucklett 4. DATE OF DEATH (Month) (Day) (Year) 8-9-49

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 2 8. DATE OF BIRTH 6-17-1869 9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months - Days 22 IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Man 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (State or foreign country) St Charles, Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Bucklett 13b. MOTHER'S MAIDEN NAME Arabella Bucklett 14. NAME OF HUSBAND OR WIFE Mrs. Olive Palmer Dixon Mo

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. no 17. INFORMANT'S SIGNATURE OR NAME Mrs. Olive Palmer Dixon Mo ADDRESS Dixon 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and intestines</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>177X</u>	

19a. DATE OF OPERATION 1947 Oct 19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate and bladder 20. AUTOPSY? YES NO

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) m. _____ 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 Oct, 1947, to August 9, 1949, that I last saw the deceased alive on Aug 9, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Znakovich D.O. 23b. ADDRESS Crocker, Mo. 23c. DATE SIGNED 8-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-11-49 24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery 24d. LOCATION (City, town, or county) (State) Crocker Mo

DATE REC'D BY LOCAL REG. 9-7-49 REGISTRAR'S SIGNATURE Shelma C. Buckthorpe 389 25. FUNERAL DIRECTOR'S SIGNATURE L. Hoops & Sons ADDRESS Crocker Mo

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

85

NOV 5 1949

SEP 7 1949

SEP 1 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.

Student
Student Embalmer

Signed

Paul B. Hooper

Licensed Embalmer No. *3261*

P. O. Address *Waynesville, N.C.*

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.