

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 31408

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 123

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pulaski</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waynesville</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>   |   |
| c. LENGTH OF STAY (In this place) <b>22 Days</b>   |  | d. STREET ADDRESS (If rural, give location) <b>505 West 10th St.,</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DeWitt Hospital</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20, 1949</b>   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>LILLIAN</b>   | b. (Middle) <b>GRACE</b>   | c. (Last) <b>BUCKEY</b>   | 4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20, 1949</b>           |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   | 8. DATE OF BIRTH <b>Oct. 2, 1897</b>                                  |
| 9. AGE (In years last birthday) <b>51</b>  | 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) <b>Housewife</b>   | 10b. KIND OF BUSINESS OR INDUSTRY <b>xx</b>  | 11. BIRTHPLACE (State or foreign country) <b>Rock Island, Illinois</b>  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                               |
| 13a. FATHER'S NAME <b>James Hutson</b>   | 13b. MOTHER'S MAIDEN NAME <b>Ethel Marshall</b>  | 14. NAME OF HUSBAND OR WIFE <b>Mamuel H. Buckey</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>  | 16. SOCIAL SECURITY NO. <b>xx</b>  | 17. INFORMANT'S SIGNATURE OR NAME <b>M. H. Buckey, 505 W. 10th. Rolla Mo.,</b>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocarditis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma kidney &amp; spleen</b><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>VRDX</b> |   |
| 19a. DATE OF OPERATION <b>9.6.49</b>   | 19b. MAJOR FINDINGS OF OPERATION <b>Chronic sclerotic. pulvis adhesion.</b>                            | 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) m.   | 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 <b>8:29</b> , 19 <b>49</b> , to <b>9:20</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>9.20</b> , 19 <b>49</b> , and that death occurred at <b>2:12P</b> m., from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE <b>Engene J. Sushar's DO</b> (Degree or title)  |  | 23b. ADDRESS <b>Waynesville, Mo.</b>  | 23c. DATE SIGNED <b>9.22.49</b>                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 24b. DATE <b>Sept. 22, 1949</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>  | 24d. LOCATION (City, town, or county) (State) <b>Rolla Phelps Mo.</b> |
| DATE REC'D BY LOCAL REG. <b>9-28-49</b>  | REGISTRAR'S SIGNATURE <b>Thelma C. Buckthorpe</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul E. Zell</b>  | ADDRESS <b>Rolla, Mo.</b>   |

Grace Buckey Full Funeral Home Rolla Mo  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 5 1949

SEP 28 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 \_\_\_\_\_

*La Vega E. Brown*

Student Embalmer No. *345*

working under my personal supervision.

Student *La Vega E. Brown*

Student Embalmer

Signed \_\_\_\_\_

*Paul E. Null*

Licensed Embalmer No. *4498*

P. O. Address *Rolla, 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.