

FILED APR 19 1950

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>359</u>		PRIMARY REG. DIST. NO. <u>6219</u>		Registrar's No. <u>15</u>		
1. PLACE OF DEATH a. COUNTY <u>Drywood Township Vaner Co.</u> b. CITY OR TOWN <u>✓</u> c. LENGTH OF STAY (in this place) <u>✓</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> - <u>Vernon</u> b. COUNTY <u>RFD 3</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milo, Mo 10 1/2</u> d. STREET ADDRESS (If rural, give location) <u>✓</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruben</u> b. (Middle) <u>Elsworth</u> c. (Last) <u>Buck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 - 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 16 - 1862</u>		
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u> Hours <u>1</u> Min. <u>1</u>		11. BIRTHPLACE (State or foreign country) <u>Darlington, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		13a. FATHER'S NAME <u>Ruben Elsworth</u>		13b. MOTHER'S MAIDEN NAME <u>White</u>		
13c. NAME OF HUSBAND OR WIFE <u>Amaret Ann Buck</u>		14. NAME OF HUSBAND OR WIFE <u>Amaret Ann Buck</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>NO</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Amarette Mitchell</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Amarette Mitchell</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RFD 3</u>		ADDRESS <u>Nevada Mo</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertrophy of prostate</u> ANTECEDENT CAUSES DUE TO (b) <u>age</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension uremia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>610X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Drywood</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vernon Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9:30 A.M.</u>		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>Mar 20, 1950</u> , to <u>April 11, 1950</u> , that I last saw the deceased alive on <u>April 11, 1950</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. A. ...</u>				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>4/11/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>		
DATE REC'D BY LOCAL REG <u>April 14, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hays</u>		ADDRESS <u>Nevada</u>		

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

**RECEIVED**  
District Health Officer No.                       
District File Number 3-50-292  
Date Filed 4-18-50

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**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 Best B Bennett

Licensed Embalmer No. 4656

P. O. Address Nevada, 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.