

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27706

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4372 Registrar's No. 143

5740

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Burlington Jct.		c. CITY (If outside corporate limits, write RURAL and give township) Burlington Jct.	
c. LENGTH OF STAY (in this place) 40, yrs.		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home			

3. NAME OF DECEASED (Type or Print) a. (First) CLINT		b. (Middle)		c. (Last) BUCKALEW		4. DATE OF DEATH (Month) (Day) (Year) 7 1 50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7/11/96	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unionville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George William Buckalew		13b. MOTHER'S MAIDEN NAME Millie Jane Bell		14. NAME OF HUSBAND OR WIFE Alberta Howard Buckalew	
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. 493-18-1278		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clint Buckalew, Burlington, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of lung		INTERVAL BETWEEN ONSET AND DEATH 18 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 163X		

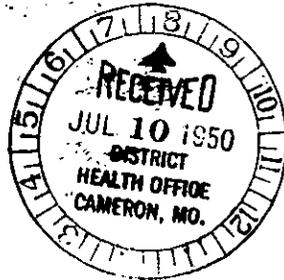
19a. DATE OF OPERATION 4-5-50		19b. MAJOR FINDINGS OF OPERATION Removed R. lung		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, 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 Jan 15, 1949, to July 1, 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 12:45A m., from the causes and on the date stated above.

23a. SIGNATURE S. E. Wallace		(Degree or title) D. O.		23b. ADDRESS Burlington Jct., Mo.		23c. DATE SIGNED 7-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/3/50		24c. NAME OF CEMETERY OR CREMATORY Ohio		24d. LOCATION (City, town, or county) (State) Burlington Jct., Mo.	

DATE REC'D BY LOCAL REG. 7-8-50		REGISTRAR'S SIGNATURE Clint Walt 229		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	
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JUN 7 1951



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 Robert L. Senter

Licensed Embalmer No. 4782

P. O. Address Maryville 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.