

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 100 **5**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Kirksville</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u> <u>0411</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Frances</u>	c. (Last) <u>Buck</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 3, 1891</u>	9. AGE (In years last birthday) <u>60</u>	10. MONTH <u>23</u>	11. DAY <u>23</u>	12. IF UNDER 14 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Co-owner and Hatcher work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Chicken Hatchery</u>	11. BIRTHPLACE (State or foreign country) <u>Harrington, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Magnus Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline Hesselbarth</u>	14. NAME OF HUSBAND OR WIFE <u>Gaylord W. Buck</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G. W. Buck</u>	ADDRESS <u>Bethany, Mo.</u>
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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>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism iliac artery</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis + Thrombosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>112010</u>			

19a. DATE OF OPERATION <u>1-23-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Occlusion left common iliac artery to femoral artery</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan. 23, 1951, to Jan 26, 1951, that I last saw the deceased alive on Jan. 26, 1951, and that death occurred at 4:12 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. Stucky D.O.</u> (Degree or title)	23b. ADDRESS <u>2 Kirksville, Mo.</u>	23c. DATE SIGNED <u>2-1-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-2-51</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. GENERAL SPECTOR'S SIGNATURE <u>Louis A. ...</u> ADDRESS <u>Home Kirksville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0-130

Date Received: FEB 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-350
Date Filed: FEB 12 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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Ferksville 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.