

FILED MAR 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5014

82

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 4238		Registrar's No. 82	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner		0489	
d. FULL NAME OF HOSPITAL OR INSTITUTION not in hospital or institution, give street address or location his own home				d. STREET ADDRESS (If rural, give location) North Hudson Street			
3. NAME OF DECEASED (Type or Print) a. (First) Daniel		b. (Middle) B.		c. (Last) James		4. DATE OF DEATH (Month) (Day) (Year) March 1 1951	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower		8. DATE OF BIRTH Jan. 27. 1864	
9. AGE (In years last birthday) 87		10. MONTHS 1		11. DAYS 3		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Retired farmer		11. BIRTHPLACE (State or foreign country) State of Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Daniel James		13b. MOTHER'S MAIDEN NAME Mary Hughes		14. NAME OF HUSBAND OR WIFE Anna S. James (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Nora Elliott Buckner, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>87 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Several weeks</u> 410X	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? ☒ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		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) <u>X</u>		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 Feb. 14, 1951, to Mar. 1, 1951, that I last saw the deceased alive on Feb. 28, 1951, and that death occurred at 3 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John W. Robertson MD</u>		23b. ADDRESS Buckner Missouri		23c. DATE SIGNED 3/2/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar. 3. 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buckner Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar 3-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS Buckner, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 7 RECD

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~~ *and*

Curtis E. Lufman
working under my personal supervision.

Student Embalmer No. *410*

Curtis E. Lufman
Student Embalmer

Signed

Vernon M. Reppert
Licensed Embalmer No. *4311*

P. O. Address *Buckner*

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.