

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5678

0883

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bowling Green township	
c. LENGTH OF STAY (In this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) R. R. # 1	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Bucksath			4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1951
5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 10, 1879
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Henry Bucksath		13b. MOTHER'S MAIDEN NAME Caroline Brandt	14. NAME OF HUSBAND OR WIFE Pauline Bucksath
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 66-****-****	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gerome G. Bucksath
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) Coronary Thrombosis ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial decompensation 4 year DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2/18, 1951, to 2/26, 1951, that I last saw the deceased alive on 2/26, 1951, and that death occurred at 11:15 A. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Blumenthal Laska</i>		23b. ADDRESS Keokuk, Mo.	
23c. DATE SIGNED 2/28/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 1 1951	
24c. NAME OF CEMETERY OR CREMATORY Dalton		24d. LOCATION (City, town, or county), (State) Dalton Missouri	
DATE REC'D BY LOCAL REG. Feb 28-51		REGISTRAR'S SIGNATURE <i>Leah Wellman</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer Funeral Home			

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

Date Received: MAR 5 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 3-51-501  
Date Filed: MAR 6 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 L. L. Leopard

Licensed Embalmer No. 3970

P. O. Address Mendon Me

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.