

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11565**

FILED APR 23 1951

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 1000 Registrar's No. 409

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
c. LENGTH OF STAY (in this place) 58 years		d. STREET ADDRESS (If rural, give location) 3024 Ashland Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Penn c. (Last) Barkley			4. DATE OF DEATH (Month) (Day) (Year) April 15 1951
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 22, 1865
9. AGE (In years) (last birthday) 85		10. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Mobile, Alabama
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sidney Johnston		13b. MOTHER'S MAIDEN NAME Unknown Atwell, Lida	14. NAME OF HUSBAND OR WIFE John O. Barkley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 10	17. INFORMANT'S SIGNATURE OR NAME Mrs. Francis Holley
		ADDRESS 3024 Ashland Ave. St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary occlusion		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH instantaneous
*This does not mean a diagnosis of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized		years
		DUE TO (c) Broncho pneumonia 4201		1 week
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) m.	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 14 April, 1951, to 15 April, 1951, that I last saw the deceased alive on 14 April, 1951, and that death occurred at 8:00A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William O. McDonald, M.D.	23b. ADDRESS 301 N. 8th St.	23c. DATE SIGNED 16 April 51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/17/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph Mo.		

DATE REC'D BY LOCAL REG. April 18, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Newton Bowman	ADDRESS Funeral Home St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. M. Leonard

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.

Signed *Regina Wood*

Licensed Embalmer No. *3804*

Signed _____
Student Embalmer

P. O. Address *295 10th St. Joseph*

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.

1951

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Bush } ss.

State File No. 11565
Local Registrar's No. 409

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18 day of May, 1951, before me appears Frances B. Holley, who, upon her oath, states that the original record of ^{birth} death for Margaret Penna Buskly, died April 15, 1951, in the State of Missouri, and which was filed at St. Joseph on 4-18, 1951, should be corrected as follows:

Item No. should read

Instead of

Item No. 13b should read LIDA ATWELL

Instead of (unknown) "

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frances B. Holley Daughter
Relationship.
3024 Oakland City
Present Address.

Subscribed and sworn to before me this 18 day of May, 1951.

My Commission expires My Commission Expires April 12, 1955 Ethel M. Allison Notary Public.