

FILED AUG 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. **23986**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5935** Registrar's No. **250**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route # 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route # 3	
c. LENGTH OF STAY (in this place) 3 yrs		d. STREET ADDRESS (If rural, give location) 8 Miles west of Sedalia, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 Miles west of Sedalia			

3. NAME OF DECEASED (Type or Print) a. (First) Amelia b. (Middle) Tibitha c. (Last) Buckley			4. DATE OF DEATH (Month) (Day) (Year) August 2, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 13, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5 DAY 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Osceola, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Washington L. Reece		13b. MOTHER'S MAIDEN NAME Tibitha Reece		14. NAME OF HUSBAND OR WIFE Wm. Harrison Buckley	
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 Willis Buckley, Glathe Kan.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Agitans			INTERVAL BETWEEN ONSET AND DEATH 48 hours
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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 **11-23-**, 19**42**, to **8-2-**, 19**51**, that I last saw the deceased alive on **7-27-**, 19**51**, and that death occurred at **9 p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. Rodiman, M.D.		23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 8-3-1951	
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 4, 1951		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Sedalia, Missouri					

DATE REC'D BY LOCAL REG. 8-4-1951		REGISTRAR'S SIGNATURE H. Campbell, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE James Ewing	
ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

800
1

RECEIVED 8-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-13-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

R. E. Baker

Signed
Student Embalmer

Licensed Embalmer No.

2419

P. O. Address

Sedalia 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.