

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30996**

*Dr Limbaugh*  
FILED SEP 28 1951

REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **304** REG. NO. **1997**

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

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pemiscot</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hayti</i>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hayti, Mo</i>	<i>0781</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>411 N. 4th St</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Jerry</i> c. (Last) <i>Buckley</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 3, 1951</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 29, 1870</i>	9. AGE (In years last birthday) <i>81</i>	<i>3</i> Months <i>4</i> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Representative</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Missouri Congress</i>		11. BIRTHPLACE (State or foreign country) <i>Henderson, Tennessee</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>Nathaniel Jerry Buckley</i>	13b. MOTHER'S MAIDEN NAME <i>Mary L. Taylor</i>	14. NAME OF HUSBAND OR WIFE <i>Sarah Ruth Buckley</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>J.B. Buckley Hayti, Mo</i>

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		INTERVAL BETWEEN ONSET AND DEATH <i>6 wks</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ the underlying cause last.  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 <i>4/201</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>—</i>	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)	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 *Aug 10, 1951, to Sept. 2, 1951*, that I last saw the deceased alive on *Sept. 2, 1951*, and that death occurred at *2:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W.K. Limbaugh, M.D.</i>	23b. ADDRESS <i>Hayti, Missouri</i>	23c. DATE SIGNED <i>9-3-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-5-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>East Woodlawn</i>
24d. LOCATION (City, town, or county) (State) <i>Hayti, Mo</i>		

DATE REC'D BY LOCAL REG. <i>9-25-51</i>	REGISTRAR'S SIGNATURE <i>John W. Herman</i>	406	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John H. Herman Hayti, Mo</i>
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9-51 236  
Rec. SEP 26 1951

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

SEP 5 1951

661 29 1952

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed John W. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.