

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>macon</u>			
b. CITY OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (to this place) <u>26 days</u>		c. CITY OR TOWN <u>La Plata</u>		d. STREET ADDRESS (If rural, give location) <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home #1</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED a. (First) <u>Laura</u> b. (Middle) <u>E</u> c. (Last) <u>Buck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26 1952</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>Feb. 12 1873</u>		9. AGE (In years last birthday) <u>78</u>	10. MONTH <u>11</u>	11. DAY <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Macon Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>D.S. Hadden</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George F. Hadden</u> ADDRESS <u>La Plata</u>			
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>Renal Failure due to Pyonephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>6000</u>					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) _____	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 <u>Dec. 31, 1951</u> , to <u>Jan 26, 1952</u> , that I last saw the deceased alive on <u>Jan 26, 1952</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. T. Lutenahue</u> (Degree or title) <u>D.D. Kirksville, Mo</u>			23b. ADDRESS <u>La Plata, Mo</u>			23c. DATE SIGNED <u>1-26-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-29-52</u>		REGISTRAR'S SIGNATURE <u>Pate Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE <u>D.S. Christ</u>		ADDRESS <u>La Plata Mo</u>	

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

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 D. S. Christie

Signed
Student Embalmer

Licensed Embalmer No. 1109

P. O. Address La Plata Colo

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.