

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

705

State File No.

FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5311 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove Sup.</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove Sup.</u>	<u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Pilot Grove</u>	

3. NAME OF DECEASED (Type or Print) <u>Lillie BUCKNER.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1952</u>			
a. (First)	b. (Middle)	c. (Last)				
5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 4, 1891</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Manuel Poindexter</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>John Buckner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Buckner</u> ADDRESS <u>Pilot Grove, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Jan 31 - Feb 2</u>
	2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>L. 33 IX</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	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 May, 1951, to Feb 2, 1952, that I last saw the deceased alive on Feb 2, 1952, and that death occurred at 11 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. M. Hooper</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>Pilot Grove mo</u>	23c. DATE SIGNED <u>2/4/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays - Painter</u> ADDRESS <u>Pilot Grove, Mo</u>
DATE REC'D BY LOCAL REG. <u>2-6-52</u>	REGISTRAR'S SIGNATURE <u>L. M. Hooper</u> <u>1381</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

270 /

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by myself or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Raymond E. Hayes

Licensed Embalmer No. 3074

P. O. Address Pilot Grove Wis

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.