

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28489**
Registrar's No. **1000166**

FILED SEP 4 - 1952

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **23028**

Burd

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

1. PLACE OF DEATH a. COUNTY Jasper 0493		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jasper 0493	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (In this place) 9 Wks		d. STREET ADDRESS (If rural, give location) 1021 Cedar	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McCune Brooks Hosp.			

3. NAME OF DECEASED a. (First) Edward (Type or Print)			b. (Middle) Andrew			c. (Last) Buck			4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 10, 1876			9. AGE (In years last birthday) 76 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 10 yrs. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Ret'd		11. BIRTHPLACE (City and State or Foreign Country) Carthage, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Tom Buck			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Mary F. Howell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. yes			17. INFORMANT'S SIGNATURE OR NAME Mary F. Buck, 1021 Cedar, Carthage ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 7 years	
ANTECEDENT CAUSES		DUE TO (b) _____			
Morbidity conditions, if any, giving rise to the above causes (a) stating 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 4 2 2 2		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 **Feb. 22, 1952**, to **Aug 25, 1952**, that I last saw the deceased alive on **Aug 25, 1952**, and that death occurred at **4:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. E. Burd (Degree or title) M. D.		23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 8-26-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-28-1952		24c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery		24d. LOCATION (City, town, or county) (State) Jasper Co., Mo.	
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DATE REC'D BY LOCAL REG. 8-27-52		REGISTRAR'S SIGNATURE L. B. Clutman MD		25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo. ADDRESS	
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RECEIVED 9-3-52
Jasper County Health Office

County File Number 52/9/683

Date Filed 9-3-52

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. 462

working under my personal supervision.

Student Robert E. Mushman
Student Embalmer

Signed William S. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carthage, 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.