

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42201

Registrar's No. 5380

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1602		Registrar's No. 5380		
1. PLACE OF DEATH a. COUNTY Jackson				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 Kansas City		c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		25011		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) Route #4, North Grand Ave.				
3. NAME OF DECEASED (Type or Print) SINELLA			a. (First)		b. (Middle)		c. (Last) BUCKLEY	
4. DATE OF DEATH Dec. 6, 1952		(Month) (Day) (Year)		5. SEX F		6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April 26, 1899		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Town & Co. Shoe Factory		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thomas Andrew Buckley		13b. MOTHER'S MAIDEN NAME Catherine Sullivan		14. NAME OF HUSBAND OR WIFE -				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-26-4334		17. INFORMANT'S SIGNATURE OR NAME KC MO. ADDRESS Miss Catherine E. Buckley, 1109 E. Armour				
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) Aggravated Cold Complication of facii 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. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH 17 yrs 1911		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 9/14/47 to 12/6, 1952, that I last saw the deceased alive on 12/6/52, 1952, and that death occurred at 9:02 AM from the causes and on the date stated above.								
23a. SIGNATURE C.G. Leitch		(Degree or title) MD		23b. ADDRESS 1010 Pmg Bldg. Chm.		23c. DATE SIGNED 12/6/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/6/52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) Sedalia, Missouri		
DATE REC'D BY LOCAL REG. 12-9-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.				

(Licensed Embalmers' Statement on Reverse Side)

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

*Dr. C. L. Smith  
Prof. R. H. ...*

2987

**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.

Student .....  
Student Embalmer

Signed *George R. ...*

Licensed Embalmer No. *2195*

P. O. Address *104 West 39th*

*H. C. ...*

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.