

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6195 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN - <u>Boone town</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boone</u> <u>1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8 mi NW of Licking MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Buckner</u> c. (Last) <u>Buckner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-7-1953</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-14-1871</u>		9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Texas Co. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Frank Buckner</u>		13b. MOTHER'S MAIDEN NAME <u>Vina Money</u>		14. NAME OF HUSBAND OR WIFE <u>Lara - Elizabeth Buckner</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Buckner Kumbestpost</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Cardio - Respiratory failure</u> ANTECEDENT CAUSES <u>Arteriosclerotic Degeneration</u> <u>degenerative heart disease grad IV</u> <u>Prostatism w/ severe uremia</u> DUE TO <u>complete uremia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Cardio - Vascular</u>		INTERVAL BETWEEN ONSET AND DEATH <u>MO</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Renal Disease Severe</u>		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) <u>4250</u>	
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 Oct 10, 1952, to Jan 2, 1953, that I last saw the deceased alive on Jan 2, 1953, and that death occurred at LISA m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. J. Burns md</u> (Degree or title)		23b. ADDRESS <u>Houston, MO</u>		23c. DATE SIGNED <u>Jan 10, 1953</u>	
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Matched Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Texas Co. MO</u>					

DATE REC'D BY LOCAL REG. <u>Jan. 23, 1953</u>		REGISTRAR'S SIGNATURE <u>Elvora Hesse</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Smith Ferguson - Licking MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 27 1953

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Picking MD

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.