

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4678

State File No.

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 4551 Registrar's No. 4

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Wright</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Hartville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hartville Missouri</u> | |
| c. LENGTH OF STAY (in this place) <u>68 years</u> | | d. STREET ADDRESS (If rural, give location) <u>1140</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Marian</u> b. (Middle) _____ c. (Last) <u>Buck</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17, 1953</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>June 20 1871</u> | | 9. AGE (In years last birthday) <u>81</u> | | IF UNDER 1 YEAR Months _____ Days _____ | |
| IF UNDER 1 HR. Hours _____ Min. _____ | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |
| 11. BIRTHPLACE (State or foreign country) <u>INDIANA</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

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|-------------------------------------|--|--|--|---|--|
| 13a. FATHER'S NAME <u>John Buck</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Tristram</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Luetta Buck</u> | |
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|---|--|-----------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Newton</u> ADDRESS <u>Hartville Mo</u> | |
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| 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>Cerebral Hemorrhage</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2-Weeks</u> | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis.</u> | | | | 2 years. | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|--|----------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--|--|--|--|

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|--|--|--|--|---|--|
| 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) _____ m. | | 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 Nov 1, 1950, to Jan 17, 1953, that I last saw the deceased alive on Jan 15, 1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

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|--|--|----------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>J. H. Northrup, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Hartville Mo</u> | | 23c. DATE SIGNED <u>1-23-53</u> | |
|--|--|----------------------------------|--|---------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 19 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORIUM <u>Steele Memorial</u> | | 24d. LOCATION (City, town, or county) <u>Hartville Mo.</u> (State) _____ | |
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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>1-31-53</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>346-0</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u> | |
|---|--|---|--|--|--|

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

140

RECEIVED JAN 31 1953
WRIGHT CO. HEALTH DEPT.
County File Number 203-23
Date Filed 2-7-23

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 Glen S Williams.....

Licensed Embalmer No. 4651.....

P. O. Address Hartsville 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.