

FILED MAR 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5601

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5512</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry (Honey Creek)</u>				USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartwell mo 6 mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartwell mo 0420</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hartwell mo</u>				d. STREET ADDRESS (If rural, give location) <u>Hartwell mo</u>			
3. NAME OF DECEASED (Type or Print) <u>Gravley</u>		a. (First) <u>Francis</u>		c. (Last) <u>Bucher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 2 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept 7, 1892</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		11. BIRTHPLACE (State or foreign country) <u>Pleasant Hill mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Philip D. Bucher</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Ann Casey</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>World War I 494-14-4001</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Stanley Butler</u>		ADDRESS <u>Hartwell 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity 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. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>D.O.A.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>D.O.A.</u> , 19____, and that death occurred at <u>12:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Powell</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Clinton mo</u>		23c. DATE SIGNED <u>3-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar-4-53</u>		REGISTRAR'S SIGNATURE <u>Florence Odave</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Denny</u>		ADDRESS <u>Clinton mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

6961 7 1 1969

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

Robert L. Dunning

Licensed Embalmer No. *4710*

P. O. Address *Clinton MS*

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.