

FILED APR 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10618

State File No. 5760

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Rural		c. CITY (If outside corporate limits, write RURAL and give township) Palmyra 0640	
c. LENGTH OF STAY (in this place) -----		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----			

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) Lee c. (Last) Buckner			4. DATE OF DEATH (Month) (Day) (Year) March 20th 1953		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 15th 1941	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Palmyra Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Joseph Buckner		13b. MOTHER'S MAIDEN NAME Katherine Julius		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-30-0307		17. INFORMANT'S SIGNATURE OR NAME Hazel Buckner ADDRESS Palmyra Mo.	

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) Verdict of Jury; Result of			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) a collision with a truck			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) -----			

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 2561	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Palmyra Marion Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-20-1953	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Collision with truck
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at **12:43** a.m., from the causes and on the date stated above.

23a. SIGNATURE H. M. Oakes (Degree or title) 3. Coroner	23b. ADDRESS Palmyra Mo	23c. DATE SIGNED 3-25-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/23/53	24c. NAME OF CEMETERY OR CREMATORY Palmyra Cem.	24d. LOCATION (City, town, or county) (State) Palmyra Mo.
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DATE REC'D BY LOCAL REG. 3/28/53	REGISTRAR'S SIGNATURE E. M. Luchs	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Sprague ADDRESS Palmyra Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6640

APR 11 1953

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED APR 11 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. J. Sprague _____

Licensed Embalmer No. 3245 _____

P. O. Address Palmyra 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: