V.S. No. 300
Rev. 10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 15526

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4114

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**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 4-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.John's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Howell
c. CITY OR TOWN: West Plains
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1040 Grace Ave. 0461

**3. NAME OF DECEASED** (Type or Print)
a. (First): Thaddeus
b. (Middle): J.
c. (Last): Buckey

**4. DATE OF DEATH** (Month) (Day) (Year): Apr.19,1953

**5. SEX**: M.
**6. COLOR OR RACE**: W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): M.
**8. DATE OF BIRTH**: Dec.31,1909
**9. AGE** (In years last birthday): 43 — If under 1 year: Months 3 Days 18 — If under 24 hrs.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Supt.
**10b. KIND OF BUSINESS OR INDUSTRY**: International Shoe Co.,West Plains,Mo.
**11. BIRTHPLACE** (City and State or Foreign Country): St.Louis,Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: John Buckey
**13b. MOTHER'S MAIDEN NAME**: Josephine Sludnicki
**14. NAME OF HUSBAND OR WIFE**: Mrs.Berniece Buckey

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: not known
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs.Berniece Buckey,West Plains,Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — 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): Malignant Essential Hypertension

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**: ___
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 445 X

22. *I hereby certify that I attended the deceased from* April 16 1953 *to* April 19, 1953, *that I last saw the deceased alive on* April 19, 1953, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Joseph P. Cobb Jr. MD.
**23b. ADDRESS**: 4952 Maryland
**23c. DATE SIGNED**: 4-20-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Apr.23,1953
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St Louis,Mo.

**DATE REC'D BY LOCAL REG.**: APR 21 1953
**REGISTRAR'S SIGNATURE**: J. Carl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Arthur J. Donnelly 3840 Lindell Blvd.
(Licensed Embalmer's Statement on Reverse Side)

## 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.....
Signature of Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.