No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16909

FILED JUN 3 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY: Adair 0013
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KirksvilleOsteOpathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon 0610
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): South Gifford 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle):
c. (Last): Buck

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1953

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: September 22 1873

9. AGE (In years last birthday): 79 — If under 1 year: Months 8, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Henry Nelson

13b. MOTHER'S MAIDEN NAME: Lucenda Mahuron

14. NAME OF HUSBAND OR WIFE: William R. Buck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: L. E. Buck
ADDRESS: Melbourne 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure — 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) Congestive Heart Failure

DUE TO (c) Arteriosclerotic Heart Disease.

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: 4200

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?:

22. *I hereby certify that I attended the deceased from* 18 May *, 19* 53 *, to* 27 May *, 19* 53 *, that I last saw the deceased alive on* 26 May *, 19* 53 *, and that death occurred at* 7:35 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Claus A. Rohweder (Degree or title) D.O.
23b. ADDRESS: Kirksville Mo.
23c. DATE SIGNED: 27 May 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 30 1953

24c. NAME OF CEMETERY OR CREMATORY: IndianHill

24d. LOCATION (City, town, or county) (State): Adair Co Mo

DATE REC'D BY LOCAL REG.: 6-2-53

REGISTRAR'S SIGNATURE: Kate Lambert 1-0

25. FUNERAL DIRECTOR'S SIGNATURE: W. H. McCollum
ADDRESS: South Gifford Mo

(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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed W H Wye Collum

Signed.....
Student Embalmer

Licensed Embalmer No. 2052

P. O. Address South Gifford Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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