

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18560**

LED MAY 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4271 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Alma</u>		c. CITY OR TOWN <u>Alma</u>	
c. LENGTH OF STAY (in this place) <u>56 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Katharine</u> b. (Middle) <u>Buck</u> c. (Last) <u>Buck</u>			4. DATE OF DEATH (Month) <u>5</u> (Day) <u>15</u> (Year) <u>1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1878</u> <u>Jan. 1, 1878</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR <u>3</u> Months <u>27</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Florence, Morgan Co., Mo.</u>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		

13a. FATHER'S NAME <u>George Gerken,</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Haase</u>	14. NAME OF HUSBAND OR WIFE <u>August Buck</u>
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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Della Burfeind</u> ADDRESS <u>Alma, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10/2/52</u>  <u>5/15/53</u> about two years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardio, vascular renal disease</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>none</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	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 10/2/52, 1952, to 5/15/, 1953, that I last saw the deceased alive on 5/14, 1953, and that death occurred at 3:04 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Geo. A. Kellogg MD</u>	23b. ADDRESS <u>Waverly, Missouri</u>	23c. DATE SIGNED <u>5/15/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/17/53</u>	24c. NAME OF CEMETERY <u>Trinity Park</u>
24d. LOCATION (City, town, or county) (State) <u>Alma, Lafayette, Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton W. Landrum</u> ADDRESS <u>Alma, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 15 - 1953</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1953 .5 - 15<sup>4</sup>  
1878 1 - 18  

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**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 Alfred H. Brewer  
Licensed Embalmer No. 2696

P. O. Address Alma, Missouri

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.