

FILED JUL 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25953

State File No.

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY OR TOWN <u>CHAFFEE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u> ¹⁰⁰¹ / ₀	
c. LENGTH OF STAY (in this place) <u>35 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>305 So. MAIN ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 So. MAIN ST.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>RUFUS</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>BUCKLEY</u>	<u>July 17, 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 16, 1890</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>4</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT (RETIRED)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>	11. BIRTHPLACE (State or foreign country) <u>RIPLEY COUNTY, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>OREGON BUCKLEY</u>		13b. FATHER'S MAIDEN NAME <u>MARGARET WAGSTER</u>		14. NAME OF HUSBAND OR WIFE <u>IRENE GERTRUDE BUCKLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or date of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. IRENE BUCKLEY - CHAFFEE, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CARDIAC DECOMPENSATION</u>		II. OTHER SIGNIFICANT CONDITIONS <u>RESPIRATORY PARALYSIS - 12 HRS</u> <u>GLIOMA OF BRAIN - 1 YR?</u>		<u>12 HRS</u>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>MYOCARDIOSIS</u>		<u>6 MO</u>	
		DUE TO (c) <u>4-22-2H</u>			

19a. DATE OF OPERATION <u>5-14-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>GLIOMA RIGHT PARIETAL LOBE OF BRAIN</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		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 MAY 1, 1954, to JULY 17, 1954, that I last saw the deceased alive on JULY 12, 1954, and that death occurred at 4:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Mosebach, D.O.</u>		23b. ADDRESS <u>CHAFFEE, Mo.</u>		23c. DATE SIGNED <u>7-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-19-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PUXICO CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Puxico, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jack J. Burnett - CHAFFEE, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-21-54</u>		REGISTRAR'S SIGNATURE <u>Mary B. Sprague</u>			

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

JUL 26 1954

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 754-145

JUL 30 1954

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 _____

Jack J. Burnett

Signed.....
Student Embalmer

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.