No. 300
10.48

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

FILED SEP 13 1954

State File No. 26799

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 850

**1. PLACE OF DEATH**
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BURGE HOSP.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 1507 E. NORA

0 396 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): ~~PERRY~~ nPEGGY
b. (Middle): JO
c. (Last): BUCK

**4. DATE OF DEATH** (Month) (Day) (Year): SEPT. 9 1954

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: OCT 18 ~~1933~~ 1932
**9. AGE** (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEWIFE
**10b. KIND OF BUSINESS OR INDUSTRY**: HOME
**11. BIRTHPLACE** (City and State or Foreign Country): TANEY COUNTY, MISSOURI 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: ANDREW PICKETT
**13b. MOTHER'S MAIDEN NAME**: LUCY CAMPBELL
**14. NAME OF HUSBAND OR WIFE**: CALVIN D. BUCK

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
**16. SOCIAL SECURITY NO.**: ~~UNKNOWN~~ 498-34-3054
**17. INFORMANT'S SIGNATURE OR NAME**: CALVIN D. BUCK — ADDRESS: SPFLD, 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): Eclampsia — Clinically 24 hrs, Probably 1 week

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pregnancy 37 week (undelivered)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Diffuse sub arachnoid Hemorrhage
Liver necrosis; Edema Brain

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 6423
**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* Mar, 1954, *to* Sept 9, 1954, *that I last saw the deceased alive on* Sept 7, 1954, *and that death occurred at* 5:30 am *from the causes and on the date stated above.*

**23a. SIGNATURE**: R Medwhite (Degree or title): M.D.
**23b. ADDRESS**: 609 Cherry Springfield
**23c. DATE SIGNED**: 10 Sept 54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 9-10-54
**24c. NAME OF CEMETERY OR CREMATORY**: OZARK MEMORIAL
**24d. LOCATION** (City, town, or county) (State): BRANSON, MISSOURI

**DATE REC'D BY LOCAL REG.**: 9-11-54
**REGISTRAR'S SIGNATURE**: Edith Williamson
**25. FUNERAL DIRECTOR'S SIGNATURE**: H.H. LOHMEYER — ADDRESS: SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
498-34-3054

JUN 2 1955

MAY 25 1955

JAN 13 1955

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.