

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDR. PARK
State File No. 30273

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>921</u>			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>1/2 HOUR</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>1039 N. ROBERSON</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANN</u>		b. (Middle) <u>M.</u>		c. (Last) <u>BUCKLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 4 1954</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG. 18, 1885</u>			
9. AGE (in years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SCHOOL TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TEACHING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>EUREKA SPRINGS, ARK.</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>EUREKA SPRINGS, ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JAMES MONROE MITCHELL</u>		13b. MOTHER'S MAIDEN NAME <u>ETTIE MILLS</u>			
13a. FATHER'S NAME <u>JAMES MONROE MITCHELL</u>		13b. MOTHER'S MAIDEN NAME <u>ETTIE MILLS</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, unknown) <u>NO</u> (If yes, give war or dates of service)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LOREE ACTON</u>		ADDRESS <u>SPRINGFIELD, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Pulmonary Edema due to Acute Left Ventricular Failure</u>				DUPLICATE TO (a) <u>Acute Pulmonary Edema due to Acute Left Ventricular Failure</u>				<u>1 hour</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u>				<u>10 yrs.</u>	
				DUE TO (c) <u>Chronic Hypertension</u>				<u>6 yrs.</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>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) (Minute) <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 <u>2-25 1954</u> to <u>10-4 1954</u> , that I last saw the deceased alive on <u>10-4 1954</u> and that death occurred at <u>11:45 p.m.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>W. J. Park, M.D.</u> (Degree or title)				23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>				23c. DATE SIGNED <u>10/5/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/7/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>10-6-54</u>		REGISTRAR'S SIGNATURE <u>Lois Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Sawyer</u>		ADDRESS <u>SPRINGFIELD, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 10 1955

15 SEP 1 1955

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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *A. H. McCann*

Licensed Embalmer No. *272*

P. O. Address *Springfield*

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.