

FILED DEC 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 40732

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5537 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Holt County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt 0440	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Liberty Twp.		c. CITY OR TOWN Mound City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 min.		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Mile N. of Mound City			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Lena	b. (Middle) Elizabeth	c. (Last) Buckles	Dec. 12, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 1936 Apr. 18, 1936	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Cleaning Shop	11. BIRTHPLACE (City and State or Foreign Country) Holt County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Seth Buckles	13b. MOTHER'S MAIDEN NAME Gladys Dozier	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 493-38-9127	17. INFORMANT'S SIGNATURE OR NAME Lois Buckles, Mound City, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean mode of dying, such as suffocation, asphyxiation, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Road	21c. (CITY, TOWN, OR TOWNSHIP) Liberty Twp (COUNTY) Holt (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-12-54 3:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Tractor up set on hill.

22. I hereby certify that I attended the deceased from 12-12-1954 to 12-12-1954, that I last saw the deceased alive on 12-12-1954, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE D.P. Brown, M.D.	(Degree or title)	23b. ADDRESS Mound City Mo	23c. DATE SIGNED 12-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/15/54	24c. NAME OF CEMETERY OR CREMATORY Mound Hope Cemetery	24d. LOCATION (City, town, or county) Mound City, Missouri (State)
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DATE REC'D BY LOCAL REG 12-14-54	REGISTRAR'S SIGNATURE James Crawford	464	25. FUNERAL DIRECTOR'S SIGNATURE James Crawford	ADDRESS Mound City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed.....  
*James Crawford*

Licensed Embalmer No. *4796*  
P. O. Address *Mound City*

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.