

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

27311

State File No.

No. 300
10. 48

FILED AUG 31 1955

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

| | | | | | | | |
|---|--|--|-------------------|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>297</u> | | PRIMARY REG. DIST. NO. <u>6022</u> | | Registrar's No. <u>27</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond rural</u>) | | c. LENGTH OF STAY (in this place) <u>20 years</u> | | c. CITY OR TOWN <u>Richmond</u> | | d. Is 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>County Home West Royle Street</u> | | | | e. STREET ADDRESS (If rural, give location) <u>West Royle Street</u> 08910 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> | | | b. (Middle) _____ | | | c. (Last) <u>BUCKLEY</u> | |
| 4. DATE OF DEATH <u>Aug. 20, 1955</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u> | |
| 8. DATE OF BIRTH <u>Unknown</u> | | 9. AGE (In years last birthday) <u>Unknown</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Abe Joiner, Richmond, Mo.</u> ADDRESS _____ | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart disease, Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>7</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) <u>Richmond (Ray) Mo.</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ | |
| 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>1953</u> , to <u>death</u> , that I last saw the deceased alive on <u>July 10, 1955</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>A. Parvaul</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>Richmond, Mo.</u> | | 23c. DATE SIGNED <u>8-24-55</u> | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-23-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>County Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug 23-1955</u> | | REGISTRAR'S SIGNATURE <u>Mabel Jackson</u> 273- | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u> ADDRESS <u>Richmond, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

aug 23

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 *Thomas J. Carter*.....

Licensed Embalmer No. *4479*.....

P. O. Address *Richman*.....

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.