0.300
0.48
690

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34111

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - JACKSON TWP.
c. LENGTH OF STAY (in this place): 8 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PLEASANT VIEW REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: RANDOLPH
c. CITY OR TOWN: MOBERLY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 504 JOHNSON ST.

3. NAME OF DECEASED (Type or Print)
a. (First): AMY
b. (Middle): EUGENE
c. (Last): BUCKLES

4. DATE OF DEATH (Month) (Day) (Year): OCT. 16, 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MAR. 7, 1887
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 7, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER
10b. KIND OF BUSINESS OR INDUSTRY: PRIVATE HOMES
11. BIRTHPLACE (City and State or Foreign Country): SANTA FE, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN F. BUCKLES
13b. MOTHER'S MAIDEN NAME: BETTIE FINKS
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: YES
17. INFORMANT'S SIGNATURE OR NAME: HOMER BUCKLES, ADDRESS: SANTA FE, 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): cardiac failure - Decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): carcinoma of liver
DUE TO (c): extending to lungs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1561

INTERVAL BETWEEN ONSET AND DEATH: ✓

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Feb., 1955, *to* Oct 4, 1955, *that I last saw the deceased alive on* Oct 4, 1955, *and that death occurred at* 10:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Nellie S. Christman D.O.
23b. ADDRESS: PARIS, MO.
23c. DATE SIGNED: 10-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-19-55
24c. NAME OF CEMETERY OR CREMATORY: SANTA FE, CEMETERY
24d. LOCATION (City, town, or county) (State): SANTA FE, MO

DATE REC'D BY LOCAL REG.: 10-17-55
REGISTRAR'S SIGNATURE: F. A. Barnett, M.D. 435-0
25. FUNERAL DIRECTOR'S SIGNATURE: Speed & Blakey
ADDRESS: PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 22 1950

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....E. H. Agnew.....

Licensed Embalmer No. 400

P. O. Address PARIS, MISSOURI

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.