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

FILED JUN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17360

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Powersville
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): |||||||

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Putnam 0860
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Powersville 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mark
b. (Middle): Raymond
c. (Last): Buck

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1956

5. SEX: Male 6
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 8, 1880
9. AGE (In years last birthday): 75 — If under 1 year: Months 8, Days 25 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FarmHand 6
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Putnam County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Thomas K. Buck
13b. MOTHER'S MAIDEN NAME: Emily Thompson
14. NAME OF HUSBAND OR WIFE: Mrs. Myrtle 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.: 721-12-9228
17. INFORMANT'S SIGNATURE OR NAME: Mr. Raymond Buck — ADDRESS: Powersville, Missouri

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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c) Hypertension

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 4201
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* May 24, 1956, *to* June 3, 1956, *that I last saw the deceased alive on* June 3, 1956, *and that death occurred at* 7:30P *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Chas. L. Judd D.O.
23b. ADDRESS: Unionville, Missouri
23c. DATE SIGNED: 6/6/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: JUNE-7-1956
24c. NAME OF CEMETERY OR CREMATORY: Powersville Cemetery
24d. LOCATION (City, town, or county) (State): Powersville, Missouri

DATE REC'D BY LOCAL REG.: 6-9-56
REGISTRAR'S SIGNATURE: Maxwell Durbin
25. FUNERAL DIRECTOR'S SIGNATURE: Comstock Funeral Home By: John M. Comstock — ADDRESS: Unionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 .....
Student Embalmer

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Tupelo, Ms

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.