

FILED MAY 6 - 1957

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 30 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Boonville Cooper TWP.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY OR TOWN Pilot Grove		c. CITY OR TOWN Pilot Grove	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles East of Boonville		f. STREET ADDRESS (If rural, give location) 0260	

3. NAME OF DECEASED a. (First) HALLIE b. (Middle) VAN c. (Last) BUCKNER			4. DATE OF DEATH (Month) (Day) (Year) April 27 1957		
5. SEX Male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
10a. USUAL OCCUPATION (If kind of work, do not give more than 1, even if retired) R.R. Section Hand		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and State or Foreign Country) Pilot Grove, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Buckner		13b. MOTHER'S MAIDEN NAME Lillie Posdenexter Dally	

14. NAME OF HUSBAND OR WIFE L. Buckner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, specify dates of service) yes Sept. 27, Dec 7-15		16. SOCIAL SECURITY NO. 495-07-2196	
17. INFORMANT'S SIGNATURE OR NAME Dolly Buckner		17. ADDRESS Pilot Grove, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Violence	
DUE TO (c) Auto wreck		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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident from home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Boonville A.D. Cooper Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY 4 27 57 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? occurred in auto wreck	

22. I hereby certify that I attended the deceased from _____ to _____, and that death occurred at _____, 19 _____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE M. L. Decker		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 4/29/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 30 57		24c. NAME OF CEMETERY OR CREMATORY Wesley Chapel	
24d. LOCATION (City, town, or county) (State) Pilot Grove, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Haye Painter			

DATE REC'D BY LOCAL REG. 4/29/57		REGISTRAR'S SIGNATURE D. Hooper		ADDRESS Pilot Grove, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 8 1957
MAY 13 1957

AUG 28 1957

AUG 14 1957

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 Rayton E. Hays.....

Licensed Embalmer No. 3074.....

P. O. Address Pilot Mo.....

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.