

Health, Welfare Public Service

300 / 1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FILED AUG 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29082

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 6037 Registrar's No. 2394

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan Township.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Doniphan Township.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 1/2 mi. E. of Doniphan.</u> Length of stay in 1b <u>6 years.</u>		d. STREET ADDRESS (If outside, give location) <u>6 1/2 mi. E. of Doniphan.</u> Outside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ada Sarah Buckner.</u>			4. DATE OF DEATH Month Day Year <u>August 2, 1957.</u>
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 6, 1906.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>	11. BIRTHPLACE (City and state or country) <u>Augusta, Kansas.</u>
13a. FATHER'S NAME <u>Earl Swayzee.</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Mullin.</u>	14. NAME OF HUSBAND OR WIFE <u>W. H. Buckner.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>515-16-9601</u>	17. INFORMANT Address <u>Daisy Buckner, Doniphan, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Failure</u> DUE TO (b) <u>Chronic Myocarditis.</u> DUE TO (c) <u>Arteriosclerotic Heart Disease.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cirrhosis of Liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank W. Pirelli M.D.</u>		22b. ADDRESS <u>Poplar Bluff Hosp. Poplar Bluff, Mo.</u>	22c. DATE SIGNED <u>8/15/57.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or County) (State)
<u>Burial</u>	<u>AUG. 6, 1957</u>	<u>HARCOCK CEMETERY</u>	<u>RIPLEY COUNTY, MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>Ray Meador, Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-22-57</u>	26. REGISTRAR'S SIGNATURE <u>CR Johnson</u>

MAR 20 1958

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Donipham,

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.