

pt. Health,  
, & Welfare  
S. Public  
lth Service

S. 300  
v. 1-57

ALL NAMES

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

235

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36792

STATE FILE NUMBER

FILED NOV 5 1957

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Linn</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Jefferson City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Linn Maria Home</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>215 Lincoln</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>L S Buckner Sr</u> First Middle Last			4. DATE OF DEATH <u>Oct 25 1957</u> Month Day Year		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 2 1875</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	--	------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>	11. BIRTHPLACE (City and state or country) <u>Huntington W. Va</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13. FATHER'S NAME <u>Joseph Buckner</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Aletta Buckner</u>
---	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT <u>L. S. Buckner Jr</u> Address <u>Jeff City</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>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Atherosclerotic heart disease</u>	
	DUE TO (c) <u>Congestive failure</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 7-1-57 to 10-25-57 and last saw <sup>him</sup> alive on 10-23-57  
Death occurred at 2:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Arthur W. Baldwin D.O.</u>	22b. ADDRESS <u>Linn, Mo.</u>	22c. DATE SIGNED <u>10-29-57</u>
--	-------------------------------	----------------------------------

23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE <u>Oct 27-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fair Haven Cemetery</u>	23d. LOCATION (City, town, or County) (State) <u>Norborne Mo</u>
--	----------------------------	---	--

24. FUNERAL DIRECTOR'S ADDRESS <u>Victor Buesche Jr, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 2-1957</u>	26. REGISTRAR'S SIGNATURE <u>T. A. ...</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 18 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 *Arthur Buescher*

Licensed Embalmer No. *3701*

P. O. Address *J. C. 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.