

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38897

FILED OCT 21 1957

State File No. 6180

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winigan</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winigan</b>	
c. LENGTH OF STAY (in this place) <b>3 months</b>		1050 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home in Winigan</b>		d. STREET ADDRESS (If rural, give location) <b>No street address</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Vinita</b> b. (Middle) <b>Mae</b> c. (Last) <b>Buckman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 2, 1957</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>June 7, 1957</b>		9. AGE (In years last birthday) <b>3</b>		IF UNDER 1 YEAR <b>25</b> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Jesse Buckman</b>		13b. MOTHER'S MAIDEN NAME <b>Janice McGlCollum</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jesse Buckman, Winigan, Mo.</b>	
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) <b>Acute Pulmonary Emphysema</b>  ANTECEDENT CAUSES <b>Pneumonia</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		0			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			493X

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 7, 1957, to October 2, 1957, that I last saw the deceased alive on October 2, 1957, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Howard E. Gross, M.D.</b>		23b. ADDRESS <b>Kirkville, Missouri</b>		23c. DATE SIGNED <b>Oct. 6, 1957</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 4, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Linneus, Mo.</b>		24e. (State)			

DATE REC'D BY LOCAL REG. <b>2-15-57</b>		REGISTRAR'S SIGNATURE <b>Mrs. M. W. Beckett</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn E. Kent &amp; Son</b>	
				ADDRESS <b>Green City, Mo.</b>	

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

1050

525

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 \_\_\_\_\_

*Karl R. Kent*

Licensed Embalmer No. 4689

P. O. Address Green City, 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 this body is not embalmed, fact should be so stated above.