

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46838
STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3205

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>WHEATON</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>WHEATON 4270</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>8149 ALBIN</u> Length of stay in lb <u>4 YRS</u> | | d. STREET ADDRESS (If outside, give location) <u>8149 ALBIN</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>PARK</u> ^{First} <u>VINCENT</u> ^{Middle} <u>BUCKETT</u> ^{Last} <u>SR.</u> | | 4. DATE OF DEATH <u>12-16-1957</u> Month <u>12</u> Day <u>16</u> Year <u>1957</u> | |
| 5. SEX <u>MALE</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>11-30-1999</u> |
| 9. AGE (In years last birthday) <u>58</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINT INSPECTOR</u> | 11. BIRTHPLACE (City and state or country) <u>LIBANON KENTUCKY</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINT INSPECTOR</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FISHER BODY</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>Joseph BUCKETT</u> | | 14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> ^{Wife:} <u>Margarete</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>493-076-199</u> | |
| 17. INFORMANT <u>PARK V. BUCKETT, JR.</u> Address <u>2253 DAWES OVERLAND 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>Atherosclerosis of Rt Lung</u> DUE TO (b) _____ DUE TO (c) <u>163X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> | |
| 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 _____ a. m. _____ p. m. _____ | | 20d. INJURY OCCURRED WHILE AT WORK <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 <u>NOV 29, 1955</u> to <u>DEC 16, 1957</u> and last saw her- alive on <u>12/16/57</u> Death occurred at <u>Liban</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>H. W. Mollen</u> 22b. ADDRESS <u>2438 WOODLARK ROAD</u> 22c. DATE SIGNED <u>12/17/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>12-11-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>DAK GROVE</u> | 23d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>EARL HILLEMANN 97096 ACRHARD RD</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-18-57</u> 26. REGISTRAR'S SIGNATURE <u>Herbert R. Dorn</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Coroner cannot certify to a death due to natural causes.

300
1-56

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 *Emil F. Hellerman*.....

Licensed Embalmer No. *350*

P. O. Address *Orlando*

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.