

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034051  
STATE FILE NUMBER  
9193  
Registrar's No.

FILED OCT 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D/ St. J 3940 W. Belle		d. STREET ADDRESS (If outside, give location) 3940 W. Belle	
Length of stay in lb 8/19		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Arthur Jacob Buckner			4. DATE OF DEATH Month Day Year 9 20 58
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-26-93 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Postal Employee		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 65 76
11. BIRTHPLACE (City and state or country) Ironton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Buckner		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Bessie Buckner		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk	
16. SOCIAL SECURITY NO.		17. INFORMANT, Address Mrs. Bessie Buckner-3940 W. Belle	
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Hypertension DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 331X 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) ITEM 8, 9 CORRECTED BY: 1. AFFIDAVIT OF Informant 2. DOCUMENT U.S. Civil Service Record date 11-23-34	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 145 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or title) James M. Kelly, 3 Deputy Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 9-24-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-24-58	
23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.	
24. FUNERAL DIRECTOR A.L. Beal Und.-4303 Delmar		25. DATE RECD. BY LOCAL REG. SEP 24 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.O.			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *A. D. Richardson* .....

Licensed Embalmer No. *2928* .....

P. O. Address *7625 Bluff* .....

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.