Health, Welfare Public Service
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FILED MAR 5 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004874
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Clay	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Gladstone — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Elmo 0740 — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6707 Clay — Length of stay in Ib 4 months	d. STREET ADDRESS (If outside, give location) 1 mile west — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First William Middle Last Bucker			4. DATE OF DEATH Month 2 Day 25 Year 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH 1/28/73	9. AGE (In years last birthday) 86 — 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) Farmer-retired	10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (City and state or country) Frandenberg, Germany	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Casper Bucker	13b. MOTHER'S MAIDEN NAME Henrietta Corpschulther	14. NAME OF HUSBAND OR WIFE Delila Colvin Bucker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 487-44-9020	17. INFORMANT Address Mrs. Delila Bucker, Elmo, Mo.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 3 yrs or more
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Advancing Age; Generalized Arteriosclerosis 151X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 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 3-1-58, to 2-25-59 and last saw him alive on 11-23-58
Death occurred at 5:50 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Donald E. Kuenzi M.D. (Degree or title)	22b. ADDRESS Rte 1 Box 19 Gashland Mo	22c. DATE SIGNED 2-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 2/25/59	23c. NAME OF CEMETERY OR CREMATORY LaMar	23d. LOCATION (City, town, or County) (State) Elmo, Missouri
24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo	25. DATE RECD. BY LOCAL REG. 2-25-59	26. REGISTRAR'S SIGNATURE Marguerite Hudgens	

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Marysville

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.