

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006452

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 230 Primary Registration District No. 4345 Registrar's No. 4.

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| 1. PLACE OF DEATH a. COUNTY <i>Montgomery</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Montgomery</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rhineland</i> | | c. CITY OR TOWN <i>Rhineland</i> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| Length of stay in lb <i>All his life</i> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIAM FREDRICK BUCKER</i> | | | 4. DATE OF DEATH Month Day Year <i>2-23-1959</i> | | | |
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| 5. SEX <i>MALE</i> | 6. COLOR OR RACE <i>WHITE</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>1-12-1890</i> | 9. AGE (In years last birthday) <i>69</i> | 10. UNDER 1 YEAR Months Days | 11. UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i> | 11. BIRTHPLACE (City and state or country) <i>Rhineland, Mo.</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
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| 13a. FATHER'S NAME <i>Bernard Bucker</i> | 13b. MOTHER'S MAIDEN NAME <i>Mary Daller</i> | 14. NAME OF HUSBAND OR WIFE <i>Alma Bucker</i> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | 16. SOCIAL SECURITY NO. <i>496-12-0390</i> | 17. INFORMANT Address <i>Hilary Bucker - Rhineland, Mo.</i> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arteriosclerotic heart disease</i> | | |
| DUE TO (c) <i>Diabetes mellitus</i> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4200</i> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 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 |
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| 21. I attended the deceased from <i>11-11-19</i> to <i>2-23-59</i> and last saw him alive on <i>2-23-59</i> Death occurred at <i>2</i> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <i>Cavel T. Shaw, M.D.</i> | 22b. ADDRESS <i>4200</i> | 22c. DATE SIGNED <i>2-23-59</i> |
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| 23a. BURIAL, CREMATION, REMOVAL, (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| <i>Burial</i> | <i>2-26-1959</i> | <i>St. Joseph's</i> | <i>Rhineland, Mo.</i> |

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| 24. FUNERAL DIRECTOR ADDRESS <i>Kottmeyer & Co - Rhineland, Mo.</i> | 25. DATE RECD. BY LOCAL REG. <i>2-26-1959</i> | 26. REGISTRAR'S SIGNATURE <i>Mrs. Lucille Bush</i> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *D B Baker*

Licensed Embalmer No. *3375*
P. O. Address *Americus 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.