Health, Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012041 STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 353 Primary Registration District No. 6195 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY: Texas
b. CITY OR TOWN: Boone Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b: Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: Texas
c. CITY OR TOWN: Licking — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 10 mi NW of Licking — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Edward Middle: Lee Last: Buckner
4. DATE OF DEATH Month: Mar Day: 18 Year: 1959
5. SEX: M 6. COLOR OR RACE: W 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug 3, 1866 9. AGE (In years last birthday): 92 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Texas Co. Mo
12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME: Franklin Buckner
13b. MOTHER'S MAIDEN NAME: Viana Mooney
14. NAME OF ~~HUSBAND~~ OR WIFE: Laura Buckner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Logan J Buckner Address: 7202 W Stanley Maplewood Mo

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) Cardiac & pulmonary arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cachexia & debilitation
DUE TO (c) Cerebral thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 6 weeks.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 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 1954, to 1959 and last saw ~~her~~ him alive on March 18, 1959
Death occurred at 12:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. J. Myers (Degree or title) D.O. 2
22b. ADDRESS Licking, Mo.
22c. DATE SIGNED 3-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-20-59
23c. NAME OF CEMETERY OR CREMATORY: Licking Cem.
23d. LOCATION (City, town, or county): Licking (State): Mo

24. FUNERAL DIRECTOR: Smith-Ferguson ADDRESS: Licking Mo
25. DATE RECD. BY LOCAL REG.: March 23, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Elnora Hesse

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Eulbert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Lackey, Ky.

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.