

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027879

FILED VS JUL 21 1959

Registration District No. 53 Primary Registration District No. 6196 Registrar's No. 11

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived prior to institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Licking</u>		Length of stay in lb <u>8 yrs.</u>		c. CITY OR TOWN <u>Kinderspost</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (if outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Martha Elizabeth Buckner</u>				4. DATE OF DEATH Month Day Year <u>July 12, 1959</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>w</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-15-1959</u>		
9. AGE (last birthday) <u>100</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and state or country) <u>Deer County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Philip Canoy</u>			13b. MOTHER'S MAIDEN NAME <u>Bredy Smith</u>			14. NAME OF HUSBAND OR WIFE <u>✓</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT Address <u>Al P. Buckner, Bridgetown Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>cardiac & pulmonary arrest</u>								
DUE TO (b) <u>cachexia + debilitation</u>							<u>Not telemed</u>	
DUE TO (c) <u>Senility</u>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 a.m. p.m. Month, Day, Year								
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>1953</u> to <u>1959</u> and last saw her <u>alive</u> on <u>July 11, 1959</u> . Death occurred at <u>5:</u> <u>0</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>B. J. Myers</u> (Deputy or title)				22b. ADDRESS <u>Licking, Mo.</u>		22c. DATE SIGNED <u>7-18-59</u>		
23. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <u>7-14-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Texas Co. MO</u>		
24. FUNERAL DIRECTOR <u>Smith-Terquison Licking Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>July 18, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Elнора Hesse</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Embert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Locking

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.