

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960 28

60-022826
STATE FILE NUMBER

Registration District No. 28 Primary Registration District No. 200 Registrar's No. 649E

IDED

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in lb <u>1 hour</u>		c. CITY OR TOWN <u>Doniphan</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 <u>Baptist Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route 2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>FLOYD</u> Last <u>BUCKLEY</u>				4. DATE OF DEATH Month <u>June</u> Day <u>7</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/24/18</u>		9. AGE (last birthday) <u>41</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>			11. BIRTHPLACE (City and state or country) <u>Steele, Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Charlie Buckley</u>				13b. MOTHER'S MAIDEN NAME <u>Pearl Geary</u>				14. NAME OF HUSBAND OR WIFE <u>Mary Buckley</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>Unknown</u>		17. INFORMANT Address <u>Rt. 2</u> <u>Mrs. Pearl Simms, Doniphan, 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>Cerebral Contusion</u>										<u>2 hours</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Basilar Skull Fracture</u>										<u>2 hours</u>			
DUE TO (c) <u> </u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture ribs multiple left, fracture left tibia</u>								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 checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Head on automobile collision</u>									
20c. TIME OF INJURY Hour <u>12:35</u> a.m. <u> </u> p.m. <u> </u>		Month, Day, Year <u>6/7/60</u>		<u>2 7/10 miles east of Webster-Greene county line</u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 60</u>		20f. CITY, TOWN, OR LOCATION <u>2 7/10 miles from</u>		COUNTY <u>county line</u>		STATE <u>Webster, Mo</u>					
21. I attended the deceased from <u>6/7/60</u> to <u> </u> and last saw <u> </u> him alive on <u>6/7/60</u> Death occurred at <u>3:45</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>						22b. ADDRESS <u>Springfield, Missouri</u>			22c. DATE SIGNED <u>6/18/60</u>				
23a. BURIAL, CREMATION, OR DISPOSAL <u>Burial</u>				23b. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Ripley Co., Missouri</u>					
24. FUNERAL DIRECTOR <u>Edwards Funeral Home, Doniphan, Mo.</u>						25. DATE RECD. BY LOCAL REG. <u>6-21-60</u>		26. REGISTRARS SIGNATURE <u>[Signature]</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 21 1960

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 

Licensed Embalmer No. 4594

P. O. Address Springfield,

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.