

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048936

LED VS JAN 2 1961 359

Primary Registration District No. 6222 Registrar's No. 2

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crossroad near Welborn Cemetery		Length of stay in 1b		c. CITY OR TOWN Moundville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Addie May Buckner				4. DATE OF DEATH Month Day Year December 24 1960					
5. SEX Fm	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-19-1913	9. AGE (last birthday) 47	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) housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Iola Kansas		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John Ellifrits			13b. MOTHER'S MAIDEN NAME Effie Lee Morgan			14. NAME OF HUSBAND OR WIFE George Buckner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 86-32-7515		17. INFORMANT George Buckner			Address Moundville, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe head injury							INTERVAL BETWEEN ONSET AND DEATH 15 minutes		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Auto Accident									
DUE TO (c)									
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 checked="" 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.) Automobile Accident							
20c. TIME OF INJURY Hour a.m. p.m. 12 24 60	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.) Hi-Way North of		20f. CITY, TOWN, OR LOCATION Moundville		COUNTY Vernon		STATE Missouri	
21. I attended the deceased from DOA , to DOA , and last saw her/him alive on DOA . Death occurred at About 8:30 pm. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) [Signature]				22b. ADDRESS 216 East Hunter			22c. DATE SIGNED 1/4/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE December 28 1960	23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery		23d. LOCATION (City, town, or county) (State) Nevada Missouri				
24. FUNERAL DIRECTOR erry Funeral Home			ADDRESS Nevada, Missouri		25. DATE RECD. BY LOCAL REG. Jan 19 1961	26. REGISTRAR'S SIGNATURE [Signature]			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 21 1961

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 *L. Douglas Army*

Licensed Embalmer No. 4960

P. O. Address Nevada, T.

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.