

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004968
STATE FILE NUMBER

Registration District No. 10.9 Primary Registration District No. 4180 Registrar's No. 7

AMENDED

FILED VS DEATH 8 1961

a. COUNTY Dunklin

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell Length of stay in 1b 7 mos

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Baptist Nursing Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin

c. CITY OR TOWN Hollywood Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Bethony Middle Luticia Last Buck

4. DATE OF DEATH Month February Day 21 Year 1961

5. SEX Female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 2/19/1878 9. AGE (last birthday) 83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Arkansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE S.H. Buck - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Leota Hicks - Little Rock, Ark. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocardial failure INTERVAL BETWEEN ONSET AND DEATH. 10 minutes
DUE TO (b) Aortic and mitral regurgitation ? years.
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 _____ 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 7/6/60 to 2/20/61 and last saw her alive on 2/20/61
Death occurred at 11:20 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wallace A. Belsley M.D. 22b. ADDRESS Campbell Mo. 22c. DATE SIGNED 2/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-23-61 23c. NAME OF CEMETERY OR CREMATORY Lulu Cemetery 23d. LOCATION (City, town, or county) (State) Dunklin County, Missouri

24. FUNERAL DIRECTOR Howard Funeral Service - Coeville, Ark. ADDRESS 2.27-1961 25. DATE RECD. BY LOCAL REG. 2.27-1961 26. REGISTRAR'S SIGNATURE Mrs. Bulah Campbell

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. Howard

Licensed Embalmer No. 3959

P. O. Address Bayshore, N. J.

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.