

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009721
STATE FILE NUMBER

FILED MAR 19 1962

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 90

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10017
20310-

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9444X1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b		c. CITY OR TOWN Jamesport	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin-Hospital & Clin		Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 MADGE Middle BUCKINGHAM Last BUCKINGHAM			4. DATE OF DEATH Month March Day 10 Year 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-30-97	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Stanley products	11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John French		13b. MOTHER'S MAIDEN NAME Grace Lucas		14. NAME OF HUSBAND OR WIFE Ralph Buckingham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Ralph Buckingham, Jamesport, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism					INTERVAL BETWEEN ONSET AND DEATH 1 hr 20 m
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension & Metastatic Ca. into Vaginal vault & Periaortic Nodules					unknown
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Primary Ca-Cervix 1956/ Metastatic Obstruction L. Ureter				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 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 Month, Day, Year a.m. p.m.					
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 February 17, 1962 to March 10, 1962 and last saw her her alive on March 10, 1962 Death occurred at 6:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Paul Laughlin</i>			22b. ADDRESS 711 W Jefferson, Kirksville		22c. DATE SIGNED 3-10-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-13-1962	23c. NAME OF CEMETERY OR CREMATORY Lock Springs Cemetery		23d. LOCATION (City, town, or county) (State) Lock Springs, Mo.	
24. FUNERAL DIRECTOR O.L. Roberson, Jamesport, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. March 16, 1962	26. REGISTRAR'S SIGNATURE <i>Doris W. Ratliff</i>	

MAR 23 1962

EARL LAUGHLIN, JR. D.O.

No permit issued

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, Mo.

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.