

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047695

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 74

FILED DEC 19 1962	
1. PLACE OF DEATH	
a. COUNTY Mercer	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Princeton, Mo	a. STATE Missouri COUNTY Mercer
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercer Co. Community Hospital	Length of stay in lb life
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Princeton, Mo
d. STREET ADDRESS (if outside, give location)	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last	
Janet Kay Buck	
4. DATE OF DEATH Month Day Year December 11, 1962	
5. SEX female	6. COLOR OR RACE white
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-1-1955
9. AGE (last birthday) 7	
IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) little girl	
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Mercer Co., Mo	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Richard Buck	
13b. MOTHER'S MAIDEN NAME Vivian Virden	
14. NAME OF HUSBAND OR WIFE -	
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. none	
17. INFORMANT Address Richard Buck Princeton, Mo	
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 Pulmonary Insufficiency	
DUE TO (b) Widespread pulmonary metastases Wilm's tumor	
DUE TO (c) Wilm's tumor	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)	
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 June 1, 1960 to December 11, 62 and last saw ^{her} him alive on December 11, 1962	
Death occurred at 11:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Dr. Frank H. Zolner MD</i>	
22b. ADDRESS Princeton, Mo	
22c. DATE SIGNED 12-12-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 12-14-62	
23c. NAME OF CEMETERY OR CREMATORY Princeton	
23d. LOCATION (City, town, or county) (State) Princeton, Mo	
24. FUNERAL DIRECTOR ADDRESS Noel Moss Princeton, Mo	
25. DATE RECD. BY LOCAL REG. 12-12-62	
26. REGISTRAR'S SIGNATURE <i>Noel Moss</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
1 <u>1650</u>
2 <u>0650</u>
3 <u>2</u>
4 <u>1</u>
5 <u>0</u>
6
7 <u>0</u>
8 <u>0</u>
9 <u>180X</u>
10
11
12 <u>2-0</u>
13 <u>1-0</u>

DEC 21 1962

FILED 1962

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 Paul Mass

Licensed Embalmer No. 2634

P. O. Address Quinton Ave

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.

Permit obtained 12-12-62 J.M.