

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002583

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 1

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED JAN 21 1963</b>							
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Moniteau</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Walker Township</u> Length of stay in lb <u>Life</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Own Home, 2 1/2 Mi. S.W., California</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> c. CITY OR TOWN <u>California (Walker Twp.)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>2 1/2 Mi. S.W., Route # 3</u> Reside on Farm: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
<b>3. NAME OF DECEASED</b> First <u>KATHRYN</u> Middle <u>LUCILE</u> Last <u>BUCKER</u>	<b>4. DATE OF DEATH</b> Month <u>January</u> Day <u>16</u> Year <u>1963</u>						
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>11/3/1906</u>	<b>9. AGE (last birthday)</b> <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during part of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Latham, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Thomas J. Medlin</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Hannah Clifford</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Theodore Bucker</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> Address <u>Theodore Bucker, R#3, California, Mo.</u>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Stomach</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I amended the deceased from</b> <u>Nov. 1962</u> to <u>Jan. 16, 1963</u> and last saw her <u>alive on Jan 15, 1962</u> Death occurred at <u>2:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>James M. Backus, M.D.</u>				<b>22b. ADDRESS</b> <u>California, Mo.</u>		<b>22c. DATE SIGNED</b> <u>1/17/63</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>Jan. 18, 1963</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Evangelical &amp; Reform Cem.</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>California, Missouri</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Hugh E. Williams, California, Missouri</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>1-18-63</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Helen L. Sperry</u>		

USE BLACK INK OR TYPEWRITER RIBBON

JAN 22 1963

**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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, Missouri

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.