

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH 4298

State File No. 34068

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BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5686 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linneus, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linneus</u> <u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Ellen</u> b. (Middle) <u>Buckman</u> c. (Last) <u>Buckman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7 1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 30th, 1866</u>
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>4</u>	11. DAYS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Linn Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Willis Sallee</u>	
13b. MOTHER'S MAIDEN NAME <u>Angeline Howell</u>		14. NAME OF HUSBAND OR WIFE <u>William Buckman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Buckman</u>		ADDRESS <u>Linneus, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cachexia</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>792X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Oct. 20</u> , 19 <u>59</u> , to <u>Oct 7</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>Oct 7</u> , 19 <u>50</u> , and that death occurred at <u>3 2</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Kayser. Bohrsch</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>211 Lewis Street, Linneus, Mo.</u>	
23c. DATE SIGNED <u>10/9/50.</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>J.O.O.F.</u>	
24d. LOCATION (City, town, or county) (State) <u>Linneus, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Brothers</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 10 - 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Rudee Kelly</u>	

DEC 5 1950

Date Received: OCT 13 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-1
Date Filed: OCT 17 1950

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 _____
Student Embalmer

Signed W. R. Wright

Licensed Embalmer No. 4655

P. O. Address Laclede, 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 this body is not embalmed, fact should be so stated above.