

FILED SEP 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. 32718

No. 300  
10.48

BIRTH NO. REG. DIST. NO. 327 PRIMARY REG. DIST. NO. 4498 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hunnewell</b>		c. LENGTH OF STAY (in this place) <b>1 year</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Hunnewell</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home - Hunnewell, Mo</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>Summia</b> b. (Middle) <b>Buckman</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 16, 1949</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>March - 7-1866</b>	9. AGE (In years last birthday) <b>83</b>	10. UNDER 1 YEAR <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>American</b>	

13a. FATHER'S NAME <b>Charles Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Aurandia Davis</b>		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) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marie P. Bennett Hunnewell Mo</b>		

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerosis heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
		ANTECEDENT CAUSES Aford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>generalized Arteriosclerosis</b>			<b>years</b>
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4500</b>

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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **June 15, 1949** to **Sept 16, 1949** that I last saw the deceased alive on **Sept 16, 1949**, and that death occurred at **9:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Emma L. Levine MD</b>		23b. ADDRESS <b>Monroe City Mo</b>		23c. DATE SIGNED <b>9/17/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/19/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Springer</b>	24d. LOCATION (City, town, or county) (State) <b>Hunnewell Mo</b>		

DATE REC'D BY LOCAL REG. <b>9/19/49</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Seta E. Cavan</b>	ADDRESS <b>Hunnewell Mo</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 26 1948  
District Health Officer No.  
District File Number 9-49-16  
Date Filed SEP 26 1948

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 \_\_\_\_\_

Licensed Embalmer No. 4461

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