No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37870

BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5691 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: Linn, Jefferson Twp.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laclede Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laclede
d. STREET ADDRESS (If rural, give location): rural

3. NAME OF DECEASED (Type or Print)
a. (First): Nelle
b. (Middle): Katherine
c. (Last): Buckley

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11. 1949

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 20, 1880
9. AGE (In years last birthday): 68 — If under 1 year: Months 7, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Linneus, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Benton Bowyer
13b. MOTHER'S MAIDEN NAME: Mary Alexander
14. NAME OF HUSBAND OR WIFE: David J Buckley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: John J. Buckley — ADDRESS: Kansas City, Mo

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) Congestive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 8 yrs
DUE TO (c) Neuro Retinitis (arteriosclerotic) — 7 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Auricular Fibrillation — 4 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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): 4 5 2
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 5, 1949, *to* Nov 11, 1949, *that I last saw the deceased alive on* Nov 11, 1949, *and that death occurred at* 7:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy R Haley (Degree or title) M.D.
23b. ADDRESS: Brookfield
23c. DATE SIGNED: Nov. 13 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 14, 1949
24c. NAME OF CEMETERY OR CREMATORY: St. Micheals
24d. LOCATION (City, town, or county) (State): Brookfield Mo.

DATE REC'D BY LOCAL REG.: Nov. 14-1949
REGISTRAR'S SIGNATURE: Chas A. Martens M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: James M Laughlin — ADDRESS: Marceline, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 22 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Blanche M. Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.