S. No. 300
v. 10.48

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37950

BIRTH NO. 73903-49 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 392

6
3
4

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

1. PLACE OF DEATH
a. COUNTY: Marion County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Mo.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 2 Miles South of Shelbina
d. STREET ADDRESS (If rural, give location): 2 Miles South of Shelbina, Hyd#15

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Ellen
c. (Last): Buckman

4. DATE OF DEATH (Month) (Day) (Year): 11-7-49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 11-7-1949
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 6, Min.

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

13a. FATHER'S NAME: Robert Buckman
13b. MOTHER'S MAIDEN NAME: Leona Mae Levings
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Robert Buckman, Shelbina, 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): Premature infant (25 weeks)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS — 776X

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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)
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* 11-7-, 1949, *to* 11-7-, 1949, *that I last saw the deceased alive on* 11-7-, 1949, *and that death occurred at* 9:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. A. Barnett MD.
23b. ADDRESS: Paris, Mo.
23c. DATE SIGNED: 11-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-8-1949
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Shelbina, Mo.

DATE REC'D BY LOCAL REG.: 11.17.49
REGISTRAR'S SIGNATURE: Dr E.M. Lucke By W.C. Forbes
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Million & Barkelew, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 22 1949
HEALTH DEPT.
DATE FILED NOV 20 1949

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 The Body was not embalmed, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed C W Hawkins

Licensed Embalmer No. 3498

P. O. Address Phillips Md

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.