

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2108

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Unionville b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Unionville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville, Mo. 0761	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) City	
d. FULL NAME OF HOSPITAL OR INSTITUTION City			

3. NAME OF DECEASED a. (First) Lela b. (Middle) Elizabeth c. (Last) Buckallew			4. DATE OF DEATH Jan 2, 1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED M	8. DATE OF BIRTH Dec. 14, 1909	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 0 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unionville, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Joseph Scarbrough		13b. MOTHER'S MAIDEN NAME Maude Daniels		14. NAME OF HUSBAND OR WIFE Roy Buckallew	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude Scarbrough, Unionville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenitive heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis + Hypertension with DUE TO (c) Arteriosclerosis (Chronic)		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		592X	

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)	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 Jan 3, 1947, to Jan 2, 1950, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. L. Judd, D.O.		23b. ADDRESS Unionville, Mo. 1-3/50		23c. DATE SIGNED 1-3/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE Jan. 5, 1950	24c. NAME OF CEMETERY OR CREMATORY Unionville	24d. LOCATION (City, town, or county) (State) Unionville, Mo.		
DATE REC'D BY LOCAL REG. 1-18-50	REGISTRAR'S SIGNATURE Maxwell Durbin 266		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Unionville, Mo.		

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

RECEIVED
JAN 2 4 1951

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District Health Officer No. _____
District File Number 1-50
Date Filed JAN 2 4 1951

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

Murl E. Huskeel

Licensed Embalmer No.

3304

P. O. Address

Amorville, 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.