S. No. 300
Rev. 10-48

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12474

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIVES
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): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MO
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIVES, MO 0350
d. STREET ADDRESS (If rural, give location): PO Box 148

3. NAME OF DECEASED (Type or Print): a. (First) SARAH b. (Middle) ANN c. (Last) BUCKNER
4. DATE OF DEATH (Month) APR (Day) 6 (Year) 1950
5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: FEB 5 1880
9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR: Months, Days | 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): KENNETT MO
12. CITIZEN OF WHAT COUNTRY?: U
13a. FATHER'S NAME: J. C. DAVIS
13b. MOTHER'S MAIDEN NAME: NANNIE LAWSON
14. NAME OF HUSBAND OR WIFE: H. E. BUCKNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: H. E. Buckner | ADDRESS: Rives, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy

ANTECEDENT CAUSES

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

DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH: 334-X

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* 3-27, 1950, *to* 4-6, 1950, *that I last saw the deceased alive on* 3-27, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. C. Wilson (Degree or title) MD
23b. ADDRESS: Kennett Mo
23c. DATE SIGNED: 4-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: APR 7 1950
24c. NAME OF CEMETERY OR CREMATORY: GREGORY Cem
24d. LOCATION (City, town, or county) (State): KENNETT MO

DATE REC'D BY LOCAL REG.: 4-17-1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Fred Winton | ADDRESS: Piggott, Ark.
(Licensed Embalmer's Statement on Reverse Side)

4-17-50 Bertha Kinschering

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-21-50
COUNTY FILE NUMBER 450-128

MAY 2 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 Was not embalmed, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.