

FILED SEP 23 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 30321
3842
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		a. STATE MISSOURI		b. COUNTY JACKSON	
c. LENGTH OF STAY (If in this place) 8 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 624 Charlotte Street 3138			
d. FULL NAME OF HOSPITAL OR INSTITUTION. GENERAL HOSPITAL #2				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) LUCY			b. (Middle)			c. (Last) BUCKNER	
5. SEX FEMALE 3		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH FEBRUARY 5 1897	
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) LAUNDRESS		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) SEDALIA, MISSOURI 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN BUCKNER		13b. MOTHER'S MAIDEN NAME LILLIAN POINDEXTER		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALMA BUTLER 624 Charlotte Street			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) THROMBOSIS OF MESENTERIC ARTERY				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				5702	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GANGRENE OF SMALL BOWEL		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>9-3-</u> , 19 <u>50</u> , to <u>9-5-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-5-</u> , 19 <u>50</u> , and that death occurred at <u>7:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE E. Frank Ellis (Degree or title) MD				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 9-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 9/10/50		24c. NAME OF CEMETERY OR CREMATORY Pilot Grove, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 9-9-50		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Esthering Bills		ADDRESS 1212 Vine	

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

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. Stealing Hills

Signed.....
Student Embalmer

Licensed Embalmer No. *3178*

P. O. Address *1212 Vine St. K.C.*

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.