No. 300
10-48

FILED JUN 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20571

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Mineral Twp c. LENGTH OF STAY (in this place) 34 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Mineral Twp
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Oronogo, Mo. Rt.#. 1	d. STREET ADDRESS (If rural, give location) Oronogo, Mo. Rt.# 1

3. NAME OF DECEASED (Type or Print)	a. (First) Frances	b. (Middle) Belle	c. (Last) Buckingham	4. DATE OF DEATH (Month) June (Day) 6, (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 29, 1887	9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months 8 Days 7 — 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 Home	11. BIRTHPLACE (State or foreign country) Alba, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Flesher	13b. MOTHER'S MAIDEN NAME Della Lott	14. NAME OF HUSBAND OR WIFE Ben M. Buckingham		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME B.M. Buckingham	ADDRESS Oronogo, Mo. Rt.# 1	

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

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach	9 mo.
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 *Conditions contributing to the death but not related to the disease or condition causing death.*	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	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* 6-3, 1951, *to* 6-6, 1951, *that I last saw the deceased alive on* 6-3, 1951, *and that death occurred at* 10:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MD	23b. ADDRESS Webb City, Mo	23c. DATE SIGNED 6/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 9, 1951	24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetry	24d. LOCATION (City, town, or county) (State) 7 Miles N. of Webb City, Mo
DATE REC'D BY LOCAL REG. June 11-51	REGISTRAR'S SIGNATURE [signature]	25. FUNERAL DIRECTOR'S SIGNATURE J. C. S. Johnston-Arnce-Simpson	ADDRESS Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-19-51
Jasper County Health Office
County File Number 51/6/503
Date Filed 6-19-51

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 Jack C. Simpson
Licensed Embalmer No. 4647
P. O. Address Webb City, 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.