No. 300
10.48

0730

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

FILED DEC 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38233

State File No.

BIRTH NO. REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 5a

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Granby
c. LENGTH OF STAY (In this place) 4 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Oklahoma
b. COUNTY Oklahoma
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Okla. City Okla 8350
d. STREET ADDRESS (If rural, give location) 1120 N.E. 10th

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Monroe
c. (Last) Bucklew

4. DATE OF DEATH (Month) (Day) (Year) 11-21-1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3-2-1866
9. AGE (In years last birthday) 85 — If under 1 year: Months 9, Days 19 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Policeman
11. BIRTHPLACE (State or foreign country) Perry alla W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jackson Bucklew
13b. MOTHER'S MAIDEN NAME Christine Walkins
14. NAME OF HUSBAND OR WIFE —

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.
17. INFORMANT'S SIGNATURE OR NAME Clarence Bucklew, ADDRESS Granby 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) Fracture right Femur — INTERVAL BETWEEN ONSET AND DEATH: 2 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) E9035

II. OTHER SIGNIFICANT CONDITIONS 20

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 573
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
21c. (CITY, TOWN, OR TOWNSHIP) Granby, (COUNTY) Newton, (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 7 51. 9:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Slipped on icy walk

22. *I hereby certify that I attended the deceased from* Nov. 7, 1951, *to* Nov. 21, 1951, *that I last saw the deceased alive on* Nov. 21, 1951, *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles Christ (Degree or title) D.O.
23b. ADDRESS Granby, Mo.
23c. DATE SIGNED Nov 23, 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-23-51
24c. NAME OF CEMETERY OR CREMATORY Granby Memorial
24d. LOCATION (City, town, or county) Granby (State) Mo

DATE REC'D BY LOCAL REG. Nov. 23, 1951
REGISTRAR'S SIGNATURE M. L. Young 2250
25. FUNERAL DIRECTOR'S SIGNATURE Culver-Stevenson ADDRESS Granby Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 6 1952

RECEIVED

District Health Officer No. ~~NEWTON~~ COUNTY HEALTH UNIT

District File Number 1151-368

Date Filed 11-27-51

NEOSHO, MISSOURI

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 Geo. E. Culver

Signed .....
Student Embalmer

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.