No. 300
10.48

59 7
0

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

FILED JAN 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1946

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe Mo.
c. LENGTH OF STAY (In this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Chillicothe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meadville, Mo. 0580
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Jane
c. (Last): Buckner

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4 th. 1952.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 16th. 1886.
9. AGE (In years last birthday): 65 — If under 1 year: Months 7, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Lourel Co. Ken.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Hammock
13b. MOTHER'S MAIDEN NAME: Mary LLoyd
14. NAME OF HUSBAND OR WIFE: John W. Buckner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: J. W Buckner — ADDRESS: Meadville 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): Chr. Myocarditis — INTERVAL BETWEEN ONSET AND 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)

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
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* Dec 21, 1951, *to* June 3, 1951, *that I last saw the deceased alive on* Jan 2, 1952, *and that death occurred at* 1:33 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D M Dowell, M.D.
23b. ADDRESS: Chillicothe Mo
23c. DATE SIGNED: 1/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 6 th. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Wheeling Cematery
24d. LOCATION (City, town, or county) (State): Wheeling, Mo.

DATE REC'D BY LOCAL REG.: 1-6-52
REGISTRAR'S SIGNATURE: Frances B. Neill
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Brothers Funeral Home. Laclede, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 20 1954

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 W R Wright

Licensed Embalmer No. 4655

P. O. Address Laclede 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.