

5. No. 300-
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30764

State File No.

0117
2

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

SEP 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>999</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>1 yr - 6 mos - 0 d</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mound City</u>		<u>0440</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital #2</u>				d. STREET ADDRESS (If rural, give location) <u>urban</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THELMA</u>		b. (Middle) <u>LUCILE</u>		c. (Last) <u>BUCKLES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 19, 1952</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec 10, 1923</u>		9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ernest Buckles</u>		13b. MOTHER'S MAIDEN NAME <u>Opal Kissire</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Opal Buckles, Mound City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>one day</u>	
*This does not mean the mode of dying, such as heart failure, asthma, 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) <u>Status epilepticus</u>				1 week	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychotic</u>				1 yr /	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3081</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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>July 23, 19 51</u> to <u>Sept 19, 19 52</u> , that I last saw the deceased alive on <u>Sept 19, 19 52</u> , and that death occurred at <u>2:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>O. E. Coatsworth M.D.</u>				23b. ADDRESS <u>State Hospital #2, City</u>		23c. DATE SIGNED <u>9-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-22-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Benton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 22, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl E. Cash</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James H. Crawford Mound City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1952

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 James H Crawford

Licensed Embalmer No. 4796

P. O. Address Mound 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.