

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42200

State File No. \_\_\_\_\_

5303

FILED DEC 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>  |   | c. LENGTH OF STAY (in this place) <b>40 YEARS</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5405 BROOKLYN AVENUE</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> <b>37 6 8</b>   |   |
| 3. NAME OF DECEASED (Type or Print) a. (First) <b>MATTIE</b> b. (Middle) <b>LOUELLA</b> c. (Last) <b>BUCKLEY</b>   |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>12 3 52</b>  |   |
| 5. SEX <b>FEMALE</b>   | 6. COLOR OR RACE <b>WHITE</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>   | 8. DATE OF BIRTH <b>MAY-3-1870</b>  |
| 9. AGE (In years last birthday) <b>82</b>  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b> | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday) <b>82</b>                                 |
| 11. BIRTHPLACE (City and State or Foreign Country) <b>OSCEOLA MISSOURI</b>   |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME <b>SAMUEL W. HARGRAVE</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>MARTHA HARGRAVE</b>  |   |
| 14. NAME OF HUSBAND OR WIFE <b>JEFFERSON DAVIS BUCKLEY</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)  |   |
| 16. SOCIAL SECURITY NO. <b>NONE</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME <b>JEFFERSON DAVIS BUCKLEY</b> ADDRESS <b>5405 BROOKLYN KANSAS CITY MO.</b>   |   |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                               |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b><br>ANTECEDENT CAUSES <b>Arteriosclerosis &amp; Hypertension</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS <b>Chronic Pancreatitis</b><br>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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   | INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>   |   |
| 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 <b>6-22, 1951</b> , to <b>12-3, 1952</b> , that I last saw the deceased alive on <b>12-3, 1952</b> , and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above. |   |   |   |
| 23a. SIGNATURE <b>Geo. H. Jones M.D.</b>   |   | 23b. ADDRESS <b>80 1/2 Paseo Kansas City, Mo.</b>   | 23c. DATE SIGNED <b>12-5-52</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>  | 24b. DATE <b>DEC-5-1952</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>  | 24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b> |
| DATE REC'D BY LOCAL REG. <b>12-5-52</b>  | REGISTRAR'S SIGNATURE <b>Seraldina Smith</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>D.H. Newcomer's Sons</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY MO.</b>  |   |

(Licensed Embalmers' Statement on Reverse Side)

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

**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.

Signed Edward M. Storey

Student .....  
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.