

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15382

FILED MAY 11 1953

BIRTH NO. 127 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>600 Buckley</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Florence</u>	b. (Middle) <u>Tula</u>	c. (Last) <u>Buckley</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>April 26 1953</u>
-------------------------------------	----------------------------	-------------------------	--------------------------	---------------------------------------	----------------------

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 14, 1875</u>	9. AGE (In years last birthday) <u>78</u>	10. MONTHS <u>1</u>	11. DAYS <u>10</u>	12. HOURS <u></u>	13. MIN. <u></u>
----------------------	-------------------------------	---	--	---	---------------------	--------------------	-------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>care of home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Steelville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	---	---	--

13a. FATHER'S NAME <u>Andrew Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Hirne</u>	14. NAME OF HUSBAND OR WIFE <u>Harvey Buckley</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kermit Buckley</u>	ADDRESS <u>St. Louis, Mo.</u>
--	-------------------------------------	---	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 d</u> <u>week</u> <u>week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma liver</u> DUE TO (c) <u>ischemia myocardium</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio-sclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no surgery</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) (Min.)	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 Feb 1953, to 4-26 1953, that I last saw the deceased alive on 4-26 1953, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.P. Riehl M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Deale, Mo.</u>	23c. DATE SIGNED <u>4-29-53</u>
---------------------------------------	-------------------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/29/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park View Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Deale, Mo.</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Apr. 29, 1953</u>	REGISTRAR'S SIGNATURE <u>Catherine Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.F. Boyer & Son</u>	ADDRESS <u>Deale, Mo.</u>
---	--	--	---------------------------

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

941
0

FEB 11 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

D. T. Baynes

Licensed Embalmer No. *2460*

P. O. Address *Seelye 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.