

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7605**

BIRTH NO. **FILED MAR 24 1954** REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3900** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY OR TOWN Green Castle	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 1/2 months		e. STREET ADDRESS (If rural, give location) 1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home #3			

3. NAME OF DECEASED (Type or Print) a. (First) Mamie b. (Middle) Fay c. (Last) Buckalew			4. DATE OF DEATH (Month) (Day) (Year) March 12, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 31, 1899	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm home	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Thomas Walker	13b. MOTHER'S MAIDEN NAME Josie Lubirtha King	14. NAME OF HUSBAND OR WIFE Harley L. Buckalew
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Harley L. Buckalew, Green Castle, Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis & Anemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Pneumonia		
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 491 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **12-23**, 19**53**, to **MAR 15**, 19**54**, that I last saw the deceased alive on **MAR 12**, 19**54**, and that death occurred at **8 P.** m., from the causes and on the date stated above.

23a. SIGNATURE David W. Boone, M.D. (Degree or title)	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 3-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 15, 1954	24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery	24d. LOCATION (City, town, or county) (State) Green Castle, Mo.
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DATE REC'D BY LOCAL REG. 3-18-54	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Alvan E. Kent & Son	ADDRESS Green City, Mo.
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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..

Student.....
Signature of Student Embalmer

Signed *Karl R. Kent*.....

Licensed Embalmer No. *46*.....

P. O. Address *Green City*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.