

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33568**
Registrar's No. **965-A**BIRTH NO. **68656-54** REG. DIST. NO. **28** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give town or township) Springfield		c. CITY OR TOWN Hartville	
c. LENGTH OF STAY (In this place) 12 hrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			
e. STREET ADDRESS (If rural, give location) No Street Address			
3. NAME OF DECEASED (Type or Print) a. (First) RAY		b. (Middle) LEE	
c. (Last) BUCKNER		4. DATE OF DEATH (Month) (Day) (Year) October 18, 1954	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 18 Oct. 1954	
9. AGE (In years last birthday) 0 Months 0 Days 12 Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	
10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Carl James Buckner	
13b. MOTHER'S MAIDEN NAME Alice Russell		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or type of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Carl James Buckner		ADDRESS Hartville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fatal Bronchial Pneumonia.		INTERVAL BETWEEN ONSET AND DEATH 3-10 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary atelectasis DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. multiple small petechial hemorrhages of the brain			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7620	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 9/18 , 19 54 , to 9/18 , 19 54 , that I last saw the deceased alive on Oct 18 , 19 54 , and that death occurred at 4:35 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. M. Macdonnell M.D.		23b. ADDRESS Marshfield, Missouri	
23c. DATE SIGNED 11/4/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-24-54	
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		24d. LOCATION (City, town, or county) (State) Greene County, Missouri	
DATE REC'D BY LOCAL REG. 11-8-54		REGISTRAR'S SIGNATURE Edwin Williams	
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner		ADDRESS Springfield, Mo.	

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 *Ogle Slow Jr.*

Licensed Embalmer No. *4112*

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.