

FILED NOV 15 1954

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34553

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>185</u>			
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN <u>Chillicothe</u>			c. LENGTH OF STAY (In this place) <u>12 years</u>		c. CITY OR TOWN <u>Chillicothe</u>		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 <u>421 Wise Street</u>				STREET ADDRESS <u>421 Wise Street</u>				<u>0592</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rolla</u>			b. (Middle) <u>Alden</u>		c. (Last) <u>Buck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 11, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 11, 1881</u>		9. AGE (In years) last birthday Months Days Hours Min. <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>State Training School</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Barnard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Rufus Buck</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Rhodes</u>			14. NAME OF HUSBAND OR WIFE <u>Luella Settle Buck</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>495-07-3768</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R. A. Buck; 421 Wise; Chillicothe, Mo.</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>?</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>14 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>332 X</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 <u>Sept. 19, 54</u> to <u>Nov 11, 1954</u> that I last saw the deceased alive on <u>Nov 9, 1954</u> and that death occurred at <u>6:30 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>11-12-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Monore</u>		24d. LOCATION (City, town, or county) (State) <u>Ludlow, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11-12-54</u>		REGISTRAR'S SIGNATURE <u>Frances B. [Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Missouri</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Joseph M. Gibbon*.....  
Licensed Embalmer No. *4769*

P. O. Address *Chillicothe,*

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.