

RECORDED 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37706

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5570 Registrar's No. 458

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Sibley)		c. LENGTH OF STAY (in this place) 55 yrs		c. CITY OR TOWN Sibley		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (St. George Hosp)				STREET ADDRESS (If rural, give location) 7000					
3. NAME OF DECEASED (Type or Print) a. (First) LUCY			b. (Middle) EDITH		c. (Last) COGSWELL		4. DATE OF DEATH (Month) (Day) (Year) NOV. 26 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 18 1878		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 7 Days 8 IF UNDER 4 WKS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) BUCKNER, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EDWARD REESE			13b. MOTHER'S MAIDEN NAME MARY ANNA WILKEY			14. NAME OF HUSBAND OR WIFE unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Merrin Cogswell Buckner Mo ADDRESS 				
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) Carcinoma of left breast also rt breast				INTERVAL BETWEEN ONSET AND DEATH to 1954	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170x					
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no operation						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) 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 Nov 1953 , to Nov 26, 1954 , that I last saw the deceased alive on 11/21, 1954 , and that death occurred at 9:52 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Bern H. Crocker MD				23b. ADDRESS Bedington Mo				23c. DATE SIGNED 11/28/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/28/54		24c. NAME OF CEMETERY OR CREMATORY BUCKNER CEMETERY		24d. LOCATION (City, town, or county) (State) BUCKNER, MISSOURI			
DATE REC'D BY LOCAL REG. 11-28-54		REGISTRAR'S SIGNATURE [Signature]		354		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS no			

(Licensed Embalmer's 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..

Student.....
Signature of Student Embalmer

Signed.....
Walter L. Kaylor

Licensed Embalmer No. 42

P. O. Address *Indep*

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.