

FILED APR 11 1955

# STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

785

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>2795</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene Polk</u>					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Springfield</u> )		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Brighton Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>No Street Address</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRTLE</u>		b. (Middle)		c. (Last) <u>BUCKLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11 Sept, 1887</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours	IF UNDER 24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Newton Howard</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Porter</u>		14. NAME OF HUSBAND OR WIFE <u>Matt Buckle</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Howard Glenn Springfield, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 da</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u>				<u>6 yrs</u>			
		DUE TO (c) <u>Diabetes, mellitus</u>				<u>16 mo</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF 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) <u>332 X</u>					
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 <u>9-24-54</u> , 19 <u>54</u> , to <u>4-1-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-7-</u> , 19 <u>55</u> , and that death occurred at <u>1:30P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Carol O. Montan</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1630 N. Jefferson</u>		23c. DATE SIGNED <u>4-2-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brighton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brighton, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>4-4-55</u>		REGISTRAR'S SIGNATURE <u>Earl Williamson</u>		FEDERAL DIRECTOR'S SIGNATURE <u>W. Klingner</u>		ADDRESS <u>B. Springfield, Mo.</u>			

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 *Allen S. Williams*.....

Licensed Embalmer No. *465*

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.