

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14624

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Columbia</u> c. LENGTH OF STAY (in this place) <u>38 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Air Port</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY OR TOWN <u>Columbia</u> d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>604 Jay St. 0105</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRISON</u> b. (Middle) <u>BUCKNER</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24th 1955</u>				
5. SEX <u>Male</u> 6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 26th 1916</u>		9. AGE (In years last birthday) <u>38</u> 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Transfer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Stanley Buckner</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Murray</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>489-16-3398</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Key, Aupvase</u>		ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u> 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. <u>E 850 x 38</u>				INTERVAL BETWEEN ONSET AND DEATH <u>immediate</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lake at Airport</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Columbia Mo Boone Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 24 55 3p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fishing, fell from boat, couldn't swim</u>			
22. I hereby certify that I attended the deceased from <u>5/24</u> , 19 <u>55</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry H. Sweet, Jr. M.D. Coronio</u>				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>5/24/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 29-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rock Bridge</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 25 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Street Park</u>		ADDRESS <u>Columbia Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3

JUN 8 1935

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 *Stuart D. Parker*.....

Licensed Embalmer No *292*

P. O. Address *6th Street*

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.