Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30457
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 900

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 758 S. Delaware — Length of stay in Ib 16 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 758 S. Delaware — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First LIZZIE Middle BUCKNER Last WEST

4. DATE OF DEATH Month Oct. Day 4, Year 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH 29 Aug. 1870
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) California
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME J.S.Buckner
14. MOTHER'S MAIDEN NAME Nancy Davenport
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Alma West Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease. — 3 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 14, 1951 to Oct 4, 1956 and last saw her alive on Aug 15, 1956
Death occurred at 5:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE K. Wendell Stewart (Degree or title) M.D.
22b. ADDRESS 609 Cherry Springfield, Missouri
22c. DATE SIGNED Oct 5, 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-6-56
23c. NAME OF CEMETERY OR CREMATORY Johns Chapel Cemetery
23d. LOCATION (City, town, or county) Greene County (State) Mo.

24. FUNERAL DIRECTOR J.W. Klingner & Co. ADDRESS Spgfd. Mo.
25. DATE RECD. BY LOCAL REG. 10-8-56
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

OCT 29 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glen D. Williams.....

Licensed Embalmer No. [illegible]

P. O. Address Springf[illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.