

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1819

STATE FILE NUMBER

FILED JAN 21 1957

Registration District No. 172 Primary Registration District No. 5673 Registrar's No. 1(1957)

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREEDOM TWP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>CONCORDIA.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 MI NORTH CONCORDIA, MO</u>			Length of stay in 1b <u>77 YRS</u>		d. STREET ADDRESS <u>1 MI NORTH CONCORDIA</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWARD J. M. BUCK</u>				4. DATE OF DEATH Month Day Year <u>JAN 4 1957</u>							
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JULY 17, 1879</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and state or country) <u>CONCORDIA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13. FATHER'S NAME <u>HENRY BUCK</u>				14. MOTHER'S MAIDEN NAME <u>SOPHIA STUENKEL</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>495-42-5527</u>		17. INFORMANT Address <u>THEODORE BUCK CONCORDIA, MO</u>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal pneumonia</u>								INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Carcinoma of prostate with generalized metastases</u>						DUE TO (c)		3-4 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>1/2</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.											
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>July 20, 1948</u> to <u>Jan 4, 1957</u> and last saw <u>him</u> alive on <u>Jan 4, 1957</u> Death occurred at <u>11:15 p.m.</u> on the date stated above; and to the best of my knowledge from the causes stated.											
22a. SIGNATURE <u>Alfred M. D.</u> (Degree or title)				22b. ADDRESS <u>Concordia, Mo</u>				22c. DATE SIGNED <u>1/5/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-7-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS</u>			23d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>				
24. FUNERAL DIRECTOR <u>E. S. James</u> ADDRESS <u>Concordia, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Jan 7-1957</u>			26. REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>					

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

(Licensed Embalmer's Statement on Reverse Side)

10501 58 10501

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 me Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed E. S. Janner

Licensed Embalmer No. 20

P. O. Address Concord

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