No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2046

BIRTH NO. FILED JAN 21 1957 REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 1-57

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia
c. LENGTH OF STAY (in this place): 22 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Humphreys-Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN: Eldon
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Aurora Springs

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): J
c. (Last): Buckner

4. DATE OF DEATH (Month) (Day) (Year): Jan - 2 - 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 27 Aug - 1874
9. AGE (In years last birthday): 82 — 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): Machine-Operator
10b. KIND OF BUSINESS OR INDUSTRY: Sawmill-Thrasher
11. BIRTHPLACE (City and State or Foreign Country): Cole-Co-Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel-Buckner
13b. MOTHER'S MAIDEN NAME: Eliza-Holland
14. NAME OF HUSBAND OR WIFE: Tillie-Tinsley-Buckner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Earnest-Buckner — ADDRESS: Kansas-City

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardio Vascular Collapse —	3 hrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Severe Endarteritis due	6 yrs
DUE TO (c)	Arteriosclerosis —	years
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
4500
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 1-1-, 1957, *to* 1-2-, 1957, *that I last saw the deceased alive on* 1-2-, 1957, *and that death occurred at* 3:02 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. E. Humphreys D.D.
23b. ADDRESS: Tuscumbia, Mo.
23c. DATE SIGNED: 1-2-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5 Jan-1957
24c. NAME OF CEMETERY OR CREMATORY: Riley-Lamar
24d. LOCATION (City, town, or county) (State): Miller-Co-Mo

DATE REC'D BY LOCAL REG.: Jan 4, 1957
REGISTRAR'S SIGNATURE: Mrs. W. E. Kallenbach
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M Kaysh — ADDRESS: Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

522

RECEIVED

JAN 14 '57

Miller County
Health Department

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Keith M Kaye

Licensed Embalmer No. 2.9.9.

P. O. Address Eldon

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