

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1957

32962

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Louisiana
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4th & N. Carolina		Length of stay in 1b 4 months	d. STREET ADDRESS (If outside, give location) 4th & N. Carolina
3. NAME OF DECEASED (Type or print) First MAMIE Middle LUCRETIA Last BUCKMAN			4. DATE OF DEATH Month SEPT. Day 28 Year 1957
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 7, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker		10b. KIND OF BUSINESS OR INDUSTRY Factory worker	9. AGE (In years last birthday) 46
13. FATHER'S NAME Albert McPike		11. BIRTHPLACE (City and state or country) Pike Co., Missouri	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? U. S.	
16. SOCIAL SECURITY NO. 362-05-2924		14. MOTHER'S MAIDEN NAME Mary Mitchell	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Rectum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastasis to Brain DUE TO (c) 154X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 WORK <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>June 16th 1957</u> to <u>September</u> and last saw her <u>alive</u> on <u>9-15-57</u> Death occurred at _____ A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. Joe Martin, M.D.		22b. ADDRESS Louisiana, Mo	
22c. DATE SIGNED 9-29-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/30/57	23c. NAME OF CEMETERY OR CREMATORY Riverview cemetery	23d. LOCATION (City, town, or county) (State) Louisiana, Missouri
24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. Sept 30, 1957	26. REGISTRAR'S SIGNATURE Bernice Callier

4561 2E 130

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 *Virginia M. Stern*

Licensed Embalmer No. *464*

P. O. Address *Louisiana*

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.