

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34515
STATE FILE NUMBER
 Registration District No. 323 Primary Registration District No. 6089 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elmwood Township</u>		c. CITY OR TOWN <u>Blackburn</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 mile north on E.E.</u>		d. STREET ADDRESS (If outside, give location) <u>1 1/2 mile southwest of Blackburn</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Allen James Buck</u>			4. DATE OF DEATH Month Day Year <u>Oct. 6, 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 12, 1941</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>	9. AGE (In years last birthday) <u>16</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Saline County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Arnold Buck</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Oetting</u>	14. NAME OF HUSBAND OR WIFE -----
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>Unknown</u>	17. INFORMANT <u>Arnold Buck</u> Address <u>Blackburn, 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>R. R. train & automobile collision</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Crushed skull. Multiple fractures</u>			
DUE TO (c) <u>8104</u>			
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"/>
20a. ACCIDENT <input checked="" 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.) <u>Collision between train & automobile</u>	
20c. TIME OF INJURY Hour <u>2:20</u> Month, Day, Year <u>10-6-57</u> p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>R. R. crossing on E.E. 1 1/2 mile north of Highway 20</u>	
		20f. CITY, TOWN, OR LOCATION <u>Saline, Mo</u>	
21. I attended the deceased from <u>investigated 10-6-57. Inquest later</u> saw her alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. L. Lawless M. P. Coroner Saline Co.</u>		22b. ADDRESS <u>Marshall Mo</u>	
		22c. DATE SIGNED <u>10-7-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-7-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BLACKBURN</u>
		23d. LOCATION (City, town, or county) (State) <u>BLACKBURN MO</u>	
24. FUNERAL DIRECTOR <u>Campbell-Lewis</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 8, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mary Masley</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 28 1959

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 *R.W. Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall*

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.