

pt. Health,  
, & Welfare  
S. Public  
alth Service

S. 300  
ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

43695  
STATE FILE NUMBER  
86

Registration District No. 53 Primary Registration District No. 3010 Registrar's No.

1. PLACE OF DEATH a. COUNTY CAPE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PERRY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ALTENBERG		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 079
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STE. FRANCIS HOSP		Length of stay in 1b 2 Days	d. STREET ADDRESS (If outside, give location) MAIN STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FERD E BUCK			4. DATE OF DEATH Month Day Year DEC. 16, 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 31, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CREAMERY WORKER		10b. KIND OF BUSINESS OR INDUSTRY CREAMERY	11. BIRTHPLACE (City and state or country) PERRY COUNTY	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GOTTLIEB BUCK		13b. MOTHER'S MAIDEN NAME PAULINE OEHLERT		14. NAME OF HUSBAND OR WIFE ALMA SEIBEL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-38-6386A	17. INFORMANT ALMA BUCK		Address ALTENBERG, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous cancer Ca of Colon DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 153X
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 7/20/57 to 12/16/57 and last saw her alive on 12/16/57 Death occurred at 11:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. H. Kerin, M.D.			22b. ADDRESS Cape Girardeau, Mo		22c. DATE SIGNED 12/21/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 19, 1957	23c. NAME OF CEMETERY OR CREMATORY TRINITY LUTHERAN		23d. LOCATION (City, town, or county) (State) ALTENBERG MISSOURI
24. FUNERAL DIRECTOR Young & Sons Perryville Mo		25. DATE RECD. BY LOCAL REG. 12-27-57		26. REGISTRAR'S SIGNATURE Milford Winchester Dg	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

X PERRY MISSOURI  
 X ALLENBERG X CAPE GIRARDEAU  
 X MAIN STREET STE. FRANCIS HOSP 2 Days  
 DEC. 16, 1927 BUCK R FORD  
 8561 20 OCT. 31, 1887 X WHITE MALE  
 USV YTHUOO YBERRY COUNTY CREAMERY WORKER CREAMERY WORKER  
 ALMA SEIBEL PAULINE OEHLERT GOTTLIEB BUCK  
 ALLENBERG, MO. ALMA BUCK 194-38-0380A ALMA BUCK NO

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 *Wallace Young* .....  
 Licensed Embalmer No. *402?* .....  
 P. O. Address *Perryville* .....

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).

MISSOURI If embalmed by a STUDENT, he also shall sign in his OWN handwriting. DEC 16 1927 BURIAL  
 If this body is not embalmed, fact should be so stated above.