

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012344

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 390

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 618 Mary St.,		d. STREET ADDRESS (If outside, give location) 618 Mary St.,	
3. NAME OF DECEASED (Type or print) First Amos Middle Buckles Last Buckles		4. DATE OF DEATH Month April Day 13 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Apr. 26, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Shaare Sjolem Church	11. BIRTHPLACE (City and state or country) Holt County, Mo.
13a. FATHER'S NAME Winfield Buckles		13b. MOTHER'S MAIDEN NAME Ellen Cruz	14. NAME OF HUSBAND OR WIFE Edward Buckles
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. 487-09-1342A	17. INFORMANT Edward Buckles Address St. Joseph, Missouri.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unattended Death - natural Causes.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 7954	
20c. TIME OF INJURY Hour _____ 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 _____ to _____ and last saw her alive on _____ Death occurred at About 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert W. Kiebler, M.D.		22b. ADDRESS St. Joseph, Mo.	22c. DATE SIGNED 4-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr. 15, 1959	23c. NAME OF CEMETERY OR CREMATORY Benton Cemetery
24. FUNERAL DIRECTOR Messinger-Herman		25. DATE RECD. BY LOCAL REG. April 16, 1959	
26. REGISTRAR'S SIGNATURE Mrs. Clark Standell		23d. LOCATION (City, town, or county) (State) Holt County, Missouri.	

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION
Dr. Robert W. Kiebler

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 
Licensed Embalmer No. 4679
P. O. Address St. ... Joseph, ... Missou

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.