

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018055

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 562

STATE FILE NUMBER

FILED MAY 21 1962

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in lb 40 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1502 Main St. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Buchanan
 c. CITY OR TOWN St. Joseph Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1502 Main St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First HOMER Middle JAMES Last BUCKLEY 4. DATE OF DEATH Month May Day 14 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/12/1899 9. AGE (last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Car Inspector 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) Tarkio Missouri 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Delbert A. Buckley 13b. MOTHER'S MAIDEN NAME Carrie A. Hague 14. NAME OF HUSBAND OR WIFE Mrs. Ethel Buckley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Mrs. Ethel Buckley Address 1502 Main St. St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for Part I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH one hour
 DUE TO (b) Arteriosclerotic Heart Disease 10 years
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Arteriosclerosis Unknown
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 4-21-52 to 5-14-62 and last saw him alive on 2-14-62
 Death occurred at 11:55P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Allen J. Herman M.D. 22b. ADDRESS 706 Francis St. Joseph, Mo. 22c. DATE SIGNED 5-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/17/62 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) St. Joseph Missouri

24. GENERAL DIRECTOR Stamper Funeral Home ADDRESS St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. May 17, 1962 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

CERTIFICATION
A. J. Herman (sig)

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
15117
35117
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94200
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1290-c
131-0

MAY 22 1962

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph Mo

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.