

**FILED** JAN 6 1970  
**CERTIFICATE OF DEATH**

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 520

DO NOT WRITE ON THIS STUB

9. 1

10a. 78

10b. 03

11. 0

12. 1

13. 4319

14. 4

15. 4

16. 0

17. 0

18. 0

19. CREDITS

20. 1-0

VS 300  
Rev. 1/70

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

DECEASED—NAME FIRST MIDDLE LAST <b>1. Clara Alma Buckley</b>			SEX <b>2. Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. Dec. 18, 1969</b>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>4. White</b>		AGE—LAST BIRTHDAY (YEARS) MO. DAYS <b>5a. 78 2 12</b>	UNDER 1 YEAR UNDER 1 DAY <b>5b. 5c.</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>6. Oct. 6, 1891</b>	COUNTY OF DEATH <b>7a. St. Francois</b>
CITY, TOWN, OR LOCATION OF DEATH <b>7b. Farmington</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>7c. yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>7d. Community Hospital</b>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>8. Missouri</b>		CITIZEN OF WHAT COUNTRY <b>9. U.S.A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>10. Married</b>	
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>11. F. R. Buckley</b>		SOCIAL SECURITY NUMBER <b>12. 495-52-0727</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>13a. Housewife</b>	
RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION <b>14a. Missouri 14b. St. Francois Flat River</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>14c. yes</b>	STREET AND NUMBER <b>14d. 506 Glendale</b>		
FATHER—NAME FIRST MIDDLE LAST <b>15. Sanford Stevens</b>			MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>16. Nancy Smith</b>		
INFORMANT—NAME <b>17a. F.P. Buckley</b>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>17b. 506 Glendale Flat River, Mo 63601</b>		

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

**18. IMMEDIATE CAUSE**

(a) Cerebral Hemorrhage 12 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(b) Cerebral arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)

A-S-H-D-

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)  
**20a.**

DATE OF INJURY (MONTH, DAY, YEAR)  
**20b. 12-18-69**

HOUR  
**20c. M. 20d.**

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

IN JURY AT WORK (SPECIFY YES OR NO)  
**20e.**

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)  
**20f.**

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)  
**20g.**

IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS?  
**20h.**  YES  NO  LMK

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 12-18-69 TO 12-18-69

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

AND LAST SAW HER ALIVE ON MONTH DAY YEAR  
**21c. 12-18-69**

I DID/DID NOT VIEW THE BODY AFTER DEATH.  
**21d. yes**

DEATH OCCURRED AT THE PLACE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.  
**21e. 7P**

CERTIFIER—NAME (TYPE OR PRINT)  
**23a. R.A. Huckstep, M.D.**

DEGREE OR TITLE  
**23b. M.D.**

DATE SIGNED (MONTH, DAY, YEAR)  
**23c. 12-20-69**

MAILING ADDRESS—CERTIFIER  
**23d. 301 West Liberty Farmington Mo 63640**

BURIAL, CREMATION, REMOVAL (SPECIFY)  
**24a. Burial**

CEMETERY OR CREMATORY—NAME  
**24b. St. Francois Memo.**

LOCATION CITY OR TOWN STATE  
**24c. Bonne Terre, Mo R.F.D.**

DATE (MONTH, DAY, YEAR)  
**24d. Dec. 21, 1969**

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
**24e. Murphy L. Sparks F. Home, Inc. Flat River, Mo 63601**

FUNERAL DIRECTOR—SIGNATURE  
**25. [Signature]**

REGISTRAR—SIGNATURE  
**26a. [Signature]**

DATE RECEIVED BY LOCAL REGISTRAR  
**26b. Dec 20, 1969**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 Murphy Spahn

Licensed Embalmer No. 4736

P. O. Address Not Given

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.

*M. Spahn*