

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007256

STATE FILE NUMBER

AMENDED

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 15

FILED FEB 2 1962

## 1. PLACE OF DEATH

a. COUNTY **Moniteau**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **California**Length of stay in 1b  
**Life**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Latham Hospital**Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Moniteau**c. CITY  
OR  
TOWN **California**Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS **In City** (If outside, give location)Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First **CARL**Middle **WILLIAM**Last **BUCKER**4. DATE OF DEATH  
Month **February** Day **5** Year **1962**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**1/20/1895**9. AGE (last birthday)  
**67**IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
**Retired Farmer**10b. KIND OF BUSINESS OR INDUSTRY  
**General Farming**11. BIRTHPLACE (City and state or country)  
**California, Missouri**12. CITIZEN OF WHAT COUNTRY  
**USA**

## 13a. FATHER'S NAME

**William Bucker**

## 13b. MOTHER'S MAIDEN NAME

**Margaret Berger**

## 14. NAME OF HUSBAND OR WIFE

**Grace Disle**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.  
**499-30-5576**17. INFORMANT  
Address  
**Mrs. Grace Bucker, California, 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)

**CARCINOMA OF PROSTATE**INTERVAL BETWEEN  
ONSET AND DEATH  
**8-10 YEARS**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying 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)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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  
a.m.  
p.m.

Month, Day, Year

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 **July 1961** to **Jan 5, 1962** and last saw him alive on **Jan 5th 1962**  
Death occurred at **1:45 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

(State)

**Burial****2/8/1962****United Church of Christ, California, Missouri**

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

**Hugh E. Williams, California, Missouri****2-9-62****Allen L. Dwyer**

(Licensed Embalmer's Statement on Reverse Side)

**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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, 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.