

FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41900
Registrar's No. 470

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

0485
20

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 36 YEARS		d. STREET ADDRESS (If rural, give location) 9701 INDEPENDENCE AVENUE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) THOMAS c. (Last) BUCKLEY			4. DATE OF DEATH (Month) (Day) (Year) DEC. 8-1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 1, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE		11. BIRTHPLACE (State or foreign country) DENVER, COLORADO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME PAT BUCKLEY	13b. MOTHER'S MAIDEN NAME HENORA UNKNOWN	14. NAME OF HUSBAND OR WIFE IDA MAY BUCKLEY
--------------------------------	--	---

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. 498-30-2961	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida May Buckley, 9701 Indep. Ave	ADDRESS
---	-------------------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis		
	DUE TO (c) Diabetic Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Dec 8, 1951, that I last saw the deceased alive on Dec 7, 1951, and that death occurred at 5:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Allen M.D.	23b. ADDRESS Independence, Mo	23c. DATE SIGNED Dec. 8, 51
--	-------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE DEC. 10, 1951	24c. NAME OF CEMETERY OR CREMATORY BUNNEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. 12-9-51	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE W. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
----------------------------------	-----------------------	---	---

DEC 17 1950

2-5

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
Student Embalmer.

Signed.....

Edward M. Stoney

Licensed Embalmer No. *4452*

P. O. Address *K.C. 4 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 this body is not embalmed, fact should be so stated above.