

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28339**
3607

FILED AUG 25 1952

BIRTH NO. 27522 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3607

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>5 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1316 E. 82nd Terrace</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-10-52</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALAN</u> b. (Middle) <u>VAN BUSKIRK</u> c. (Last) <u>VAN BUSKIRK</u>			5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		
8. DATE OF BIRTH <u>8-10-52</u>		9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>TERRANCE VAN BUSKIRK</u>		13b. MOTHER'S MAIDEN NAME <u>PATRICIA MATHEWS</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Terrance Van Buskirk</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS <u>1316 E. 82nd Terr. Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u>			II. OTHER SIGNIFICANT CONDITIONS <u>Splenemia Prurina</u>			19. DATE OF OPERATION <u>8/10/52</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Chromosomes</u>			21a. ACCIDENT SUICIDE HOMICIDE (Specify)		
DUE TO (c) <u>hypertrophic congenital bronchitis</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
Conditions contributing to the death but not related to the disease or condition causing death.			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21a. MAJOR FINDINGS OF OPERATION <u>Splenemia Prurina - 7 mo. Prog.</u>			21f. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from <u>8-10, 1952</u> to <u>8-10, 1952</u> , that I last saw the deceased alive on <u>8-10, 1952</u> and that death occurred at <u>2:58 A.M.</u> , from the causes and on the date stated above.		

23. SIGNATURE <u>Gerald L. Miller</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>730 Prof. Bldg. K.C. Mo</u>		23c. DATE SIGNED <u>8/10/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>8-12-52</u>		REGISTRAR'S SIGNATURE <u>St. Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Newcomer's Sons</u>		ADDRESS <u>1331 BRIDGECREEK</u>		CITY, STATE <u>KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert E. Henson

Licensed Embalmer No. 4849

P. O. Address R. C. 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.