

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21471**  
**2858**

BIRTH NO. **FILED JUL 9 - 1953** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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 **Kansas City**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

d. FULL NAME OF HOSPITAL OR INSTITUTION **46 East 55th Terrace**

d. STREET ADDRESS (If rural, give location) **46 East 55th Terrace**

3. NAME OF DECEASED (Type or Print)  
a. (First) **HUBERT** b. (Middle) **M.** c. (Last) **BAMFORD**

4. DATE OF DEATH (Month) (Day) (Year)  
**6 7 53**

5. SEX **Ma**

6. COLOR OR RACE **Wh**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Divorced 3**

8. DATE OF BIRTH **3-1-1886**

9. AGE (In years last birthday) **67**

10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.)  
**6 7 53**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Accountant**

10b. KIND OF BUSINESS OR INDUSTRY  
**Packing House**

11. BIRTHPLACE (City and State or Foreign Country)  
**Creighton, Missouri**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13a. FATHER'S NAME  
**Charles W. Bamford**

13b. MOTHER'S MAIDEN NAME  
**Lola M. Metzler**

14. NAME OF HUSBAND OR WIFE  
**XX**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**No XX**

16. SOCIAL SECURITY NO.  
**510-07-4163**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Mrs. Juanita Hutton, 46 E. 55 Terr.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Hemorrhage**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Generalized Arteriosclerosis**  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**7 days**  
  
**331X**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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)  
**Kansas City Jackson Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **1/15, 1952** to **6/7, 1953**, that I last saw the deceased alive on **6/7, 1953**, and that death occurred at **10:05 p.m.**, from the causes and on the date stated above.

23. SIGNATURE **Richard L. Lehner** (Degree or title)

23b. ADDRESS **1102 Grand Kansas City Mo**

23c. DATE SIGNED **6/8/53**

24a. BURIAL CREMATION REMOVAL (Specify)  
**Burial**

24b. DATE **6-9-1953**

24c. NAME OF CEMETERY OR CREMATORY  
**Grant Cemetery**

24d. LOCATION (City, town, or county) (State)  
**Creighton, Mo.**

DATE REC'D BY LOCAL REG.  
**6-8-53**

REGISTRAR'S SIGNATURE  
**Geraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**J.W. Wagner - N. 6 Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

3998 - 1  
Bryan Z. [unclear]

**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 Alvin R. Haunscheld

Licensed Embalmer No. 4159

P. O. Address K.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.