

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22936**  
**2934**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1001</b>		Registrar's No. <b>2934</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>LIFE</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>79 3723 EAST 60th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>ETTA</b> c. (Last) <b>BUZAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 26, 1954</b>				
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>Nov. 23, 1869</b>	
9. AGE (In years last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>BENJAMIN W. KELLEY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY A. RICE</b>		14. NAME OF HUSBAND OR WIFE <b>Clyde BUZAN (Deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. SUSAN A. RUPE, 3723 E. 60th St. K.C. Mo.</b>			
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Amblyoma ascending Colon</b> DUE TO (c) <b>malnutrition + dehydration</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death					INTERVAL BETWEEN ONSET AND DEATH <b>2 da</b> <b>10 mo</b> <b>1537</b> <b>1 week</b>
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) (Min.)		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 <b>7-6-</b> 19 <b>46</b> , to <b>6-26-</b> 19 <b>54</b> , that I last saw the deceased alive on <b>6-26-</b> 19 <b>54</b> and that death occurred at <b>2:55 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Charles E. Lee</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>44 Nichols Road Kansas City, Mo</b>		23c. DATE SIGNED <b>6-28-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 29, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>6-29-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. W. Newcomer, Inc. - Kansas City, Mo.</b>			

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.