

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3591

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)  
Town Kansas City

c. LENGTH OF STAY (In this place)  
6yrs

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Krestwood Hospital K.C.Mo.

e. STREET ADDRESS (If rural, give location)  
23II Jackson

3348  
7

3. NAME OF DECEASED  
a. (First) Andrew b. (Middle) Jackson c. (Last) Buffington

4. DATE OF DEATH (Month) (Day) (Year)  
July 23, 1954.

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH  
Aug. 21, 1870.

9. AGE (In years last birthday)  
83

IF UNDER 1 YEAR Months Days Hours Min.  
83

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)  
Muncie Indiana /

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

13a. FATHER'S NAME  
Alfred Buffington

13b. MOTHER'S MAIDEN NAME  
Amanda Marshall

14. NAME OF HUSBAND OR WIFE  
Martha Buffington

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.  
510-22-8515A

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Martha Buffington 23II Jackson K.C.Mo.

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.

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) Left hemiplegia from old CVA  
DUE TO (c) Generalized arteriosclerosis over 8 yrs.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
5 days  
8 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
321

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)

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

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

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1954, to 7-23, 1954, that I last saw the deceased alive on 7-22, 1954, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE Wilson H. Miller MD (Degree or title)

23b. ADDRESS  
4620 Bridge Ave. Kansas City, Mo

23c. DATE SIGNED  
7-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

24b. DATE  
July 24, 1954

24c. NAME OF CEMETERY OR CREMATORY  
Pleasanton

24d. LOCATION (City, town, or county) (State)  
Pleasanton Kansas

DATE REC'D BY LOCAL REG.  
7-23-54

REGISTRAR'S SIGNATURE  
Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Forster Funeral Home Kansas City Mo.

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 *J. Vigil Herrera*.....

Licensed Embalmer No. *359*.....

P. O. Address *JCMO*.....

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.