No. 300
10-48

FILED SEP 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27896

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grandview
c. LENGTH OF STAY (In this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 12811 - 12th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Grandview
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 12811 - 12th Street

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Raymond c. (Last) Buck

4. DATE OF DEATH (Month) (Day) (Year) 8-29-54

5. SEX M.
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 3-1899
9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector
10b. KIND OF BUSINESS OR INDUSTRY Westinghouse
11. BIRTHPLACE (City and State or Foreign Country) Cameron Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Huron L. Buck
13b. MOTHER'S MAIDEN NAME Lida Entrikin
14. NAME OF HUSBAND OR WIFE Audrey N. Buck Grandview

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 496-16-5511
17. INFORMANT'S SIGNATURE OR NAME Audrey N. Buck - Grandview Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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) m.
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* 8-29, 1954, *to* 8-29, 1954, *that I last saw the deceased alive on* 8-29, 1954 *and that death occurred at* 4 15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE R. L. West (Degree or title) D.O.
23b. ADDRESS Grandview, Mo
23c. DATE SIGNED 8/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-29-54
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Cameron Mo.

DATE REC'D BY LOCAL REG. 8/29/54
REGISTRAR'S SIGNATURE Sterling E. Goddard 498.0
FUNERAL DIRECTOR'S SIGNATURE E. K. George & Sons Inc ADDRESS Grandview Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 10

OCT 9 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Sterling E. Godda

Licensed Embalmer No. 491

P. O. Address Grandvie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.