

30511

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4123

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
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 OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. MARY'S Hospital</u>				STREET ADDRESS (If rural, give location) <u>1616 MADISON AVENUE</u> <u>298</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAYWOOD</u>			b. (Middle) <u>CARLYE</u>		c. (Last) <u>Buck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26, 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 20, 1893</u>		9. AGE (In years last birthday) <u>61</u> 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) <u>ELEVATOR OPERATOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rudy Patrick Seed Co</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Maysville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs Letha Buck</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>495-09-6129</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS LETHA BUCK 1616 MADISON K.C. Mo</u>				
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>3314</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>8/2, 1954</u> to <u>8/26, 1954</u> that I last saw the deceased alive on <u>8-26, 1954</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Nicholas Jaime M.D.</u>			23b. ADDRESS <u>4050 Broadway Ave 271</u>			23c. DATE SIGNED <u>Aug 27</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG-28-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>8-28-54</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NEWCOMER'S SON'S R.C. Mo. 1331 BRUSH CREEK</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Nicholas Jaime MD

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 *Richard L. Rogers*.....
Licensed Embalmer No. *496*.....
P. O. Address *K. E. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.