

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26045**  
**3669**

BIRTH NO. 48854-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH Childrens Mercy Hospital  
a. COUNTY Jackson 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Platte

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City c. LENGTH OF STAY (in this place) 15 d  
c. CITY OR TOWN Parisville <sup>Mo.</sup>  Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) Childrens Mercy Hospital STREET ADDRESS (If rural, give location) R.R. #5 Box 285 E

3. NAME OF DECEASED a. (First) David b. (Middle) Ray c. (Last) Bucher 4. DATE OF DEATH (Month) (Day) (Year) 8-20-55

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Infant 8. DATE OF BIRTH 8-4-55 9. AGE (In years last birthday) 10 1/6 IF UNDER 1 YEAR Days 1016 Hours 16 Min. 1016

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) Parisville Mo. R.R. #50 12. CITIZENSHIP OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hollis Bucher 13b. MOTHER'S MAIDEN NAME Grace Case 14. NAME OF HUSBAND OR WIFE Infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, for unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Hollis Bucher ADDRESS Parisville Mo. R.R. #5

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bronchopneumonia, bilateral INTERVAL BETWEEN ONSET AND DEATH

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS prematurity

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)

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 8-5, 1955, to 8-20, 1955; that I last saw the deceased alive on 8-20-55, 1955, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Wayne Hart (Degree or title) MD 23b. ADDRESS Mercy Hosp. K. C. Mo. 23c. DATE SIGNED 8-20-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-21-55 24c. NAME OF CEMETERY OR CREMATORY East Slope Cem. 24d. LOCATION (City, town, or county) (State) Platte Co. Mo.

DATE REC'D BY LOCAL REG. 8-20-55 REGISTRAR'S SIGNATURE meva minshall 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Dewcomer's Sons ADDRESS N.K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *John M. Kalsbeek*

Licensed Embalmer No. *494*  
P. O. Address *To. Kansas*

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.