

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29907**

FILED OCT 7 - 1955

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5569** Registrar's No. **365**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Kansas - b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give town) rural (Brookings)	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Shawnee	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 1/2 Mi. W. of 50 Hi. on 63rd St.		e. STREET ADDRESS (If rural, give location) 11011 West 56th St. Terr.	8156

3. NAME OF DECEASED (Type or Print) a. (First) Alpha b. (Middle) Buckner c. (Last) Jr.			4. DATE OF DEATH (Month) (Day) (Year) Sept. 24 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 7, 1930	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taper	10b. KIND OF BUSINESS OR INDUSTRY Rolfe Crabb Const.	11. BIRTHPLACE (City and State or Foreign Country) Adonis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Alpha Buckner Sr.	13b. MOTHER'S MAIDEN NAME Julia Barton	14. NAME OF HUSBAND OR WIFE Wanda Buckner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) WW two 159-48-1216	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wanda Buckner	ADDRESS Shawnee, Kansas
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke & Hemorrhage secondary		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) from crushing injuries of chest & abdomen		
	DUE TO (c) chest & abdomen		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			8234 32

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shawnee Johnson Kansas
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-24-55 2nd m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car ran off highway overturned

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. R. C. Carson	23b. ADDRESS 6627 West 1st St. Shawnee, Mo.	23c. DATE SIGNED 9-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/24/55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Boliver, Missouri
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DATE REC'D BY LOCAL REG. 9-24-55	REGISTRAR'S SIGNATURE R. C. Carson	25. FUNERAL DIRECTOR'S SIGNATURE G. L. Carson	ADDRESS Carson Funeral Home Indep., Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 11 1955

OCT 19 1955

MAR 30 1956

OCT 7 1955

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. W. Gibson*

Licensed Embalmer No. 48

P. O. Address *Indep., T.*

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