

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26802**
3269

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
4. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nora Rae Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>10 309 Marfield</u> <u>3104</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>BUCKNER</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>7-28-56</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>		8. DATE OF BIRTH <u>4-5-1870</u>	
9. AGE (In years last birthday) (Specify) <u>86</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 15 HRS. Hours _____ Mins. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Wendover, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geob. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Mitilda Bernhard</u>	
13c. NAME OF HUSBAND OR WIFE <u>Geop. Buckner</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bela Cooper</u>		ADDRESS <u>1911 MO ave</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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>5-1-56</u> , 19 <u>56</u> , to <u>7-28-56</u> , that I last saw the deceased alive on <u>7-28-56</u> , 19 <u>56</u> , and that death occurred at <u>8:00</u> A.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank Paul Lauren</u> (Degree or title) _____		23b. ADDRESS <u>428 South White Ave</u>	
23c. DATE SIGNED <u>7-28-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-30-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Larch Oak Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Wendover, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-28-56</u>		REGISTRAR'S SIGNATURE <u>Neira Minshall</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>Raymond Bras</u>		ADDRESS <u>KC Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank Paul Laurens

Dr. Lawrence
80942

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.....
Leonard Passantino

Licensed Embalmer No. *455*

P. O. Address *KC 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.