

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032564  
STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4573

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>608 East 70th St.</b>		Length of stay in lb <b>8 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>608 East 70th St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MRS. EMMA CORA BUCHEIM</b>			4. DATE OF DEATH Month Day Year <b>September 28, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>September 11, 1881</b>
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Big Springs, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>George Zebb</b>	13b. MOTHER'S MAIDEN NAME <b>SAHM NIRE Catherine Bahmire</b>
14. NAME OF HUSBAND OR WIFE <b>Guston A. Bucheim</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>
17. INFORMANT <b>Mrs. Frances Munro - 608 East 70th Street</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Institution and secondary to</b> DUE TO (b) <b>Primary Pancreas carcinoma (abdomen, 9-12 mo</b> DUE TO (c) <b>liver, peritoneum)</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>57X</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Lawrence, Kansas</b>		20g. STATE	
21. I attended the deceased from <b>May 1958</b> to <b>Sept 28, 1958</b> and last saw her/him alive on <b>Sept 28, 1958</b> Death occurred at <b>12 noon</b> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <b>George O. Miles, M.D.</b>		22b. ADDRESS <b>4706 Broadway, N.C., Mo.</b>	
22c. DATE SIGNED <b>9-29-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <input type="checkbox"/> Removal	
23b. DATE <b>Sept. 29, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Lawrence, Kansas</b>		24. FUNERAL DIRECTOR ADDRESS <b>Stine &amp; McC ure Und. Co., E. C., Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>9-29-58</b>		26. REGISTRAR'S SIGNATURE <b>Irene Minshall</b>	

Cover, emblem, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

George O. Miles USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

see 1-11-70  
after 3 PM  
Lt. Staring  
see 1-01/6

see 1-11-43



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 Elmo D. Zippert .....

Licensed Embalmer No. 4817 .....

P. O. Address Kansas City, 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.