IRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-006177
STATE FILE NUMBER

FILED VS MAR 11 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1192

NDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 11 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Children's Mercy Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Moundville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Terry Middle: Wayne Last: Buckner
4. DATE OF DEATH: Month: 2 Day: 29 Year: 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ — Infant
8. DATE OF BIRTH: 1-4-60
9. AGE (last birthday): IF UNDER 1 YEAR: Months: 2 Days: 25 IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Rich Hill, Mo.
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: Un Known
13b. MOTHER'S MAIDEN NAME: Dorothy Buckner
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Addie Buckner Address: Moundville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hemorrhagic Pneumonia
DUE TO (c): Atelectasis
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-18-60, to 2-29-60 and last saw him alive on 2-29-60
Death occurred at 1:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Stanley Penner (Degree or title) M.D.
22b. ADDRESS: 1710 Independence Ave. K.C., Mo.
22c. DATE SIGNED: 2/29/60

BY AFFIDAVIT OF Stanley Penner

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/29/60
23c. NAME OF CEMETERY OR CREMATORY: Moore Cem
23d. LOCATION (City, town, or county) (State): Nevada Mo
24. FUNERAL DIRECTOR: Terry L. Horn ADDRESS: Nevada Mo
25. DATE RECD. BY LOCAL REG.: 2-29-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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