

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-034670**

**FILED VS OCT 3 1960**

*149*

Registration District No. *1002* Primary Registration District No. *1002* Registrar's No. *4749*

**4749**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>13 days</b>		c. CITY OR TOWN <b>Lee's Summit</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>St Luke Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Unity Village</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Nancy</b> Middle <b>May</b> Last <b>Buckley</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>17</b> Year <b>1960</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>5/1/1884</b>		9. AGE (last birthday) <b>76</b> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switch Board Operatr</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Unity School</b>		11. BIRTHPLACE (City and state or country) <b>Jackson County Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		
13a. FATHER'S NAME <b>Jonathan Keirseay</b>			13b. MOTHER'S MAIDEN NAME <b>Alice M. Rowland</b>			14. NAME OF HUSBAND OR WIFE <b>Harry Buckley (dec)</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>495-01-9681</b>		17. INFORMANT Address <b>Mrs W.R. Ballew Raytown Mo.</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>Acute Myocardial Infarction</b>							INTERVAL BETWEEN ONSET AND DEATH <b>13 days</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Dis.</b>							<b>2 yrs.</b>		
DUE TO (c)									
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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		COUNTY		STATE	
21. I attended the deceased from <b>9-4-60</b> to <b>9-17-60</b> and last saw her alive on <b>9-17-60</b> Death occurred at <b>1055</b> <b>A</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>M. D. Durnell M.D.</b>				22b. ADDRESS <b>18 E. 3rd St. Lee's Summit, Mo.</b>			22c. DATE SIGNED <b>9/17/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9/19/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit</b>		23d. LOCATION (City, town, or county) <b>Lee's Summit Mo.</b>				
24. FUNERAL DIRECTOR <b>Langsford Funeral Home</b> ADDRESS <b>Lee's Summit Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9-19-60</b>		26. REGISTRAR'S SIGNATURE <b>H. L. Dwyer</b>			

DOCUMENT

MEDICAL CERTIFICATION

Durnell

BY AFFIDAVIT OF

FEB 10 1961

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed W. B. Langsford  
Licensed Embalmer No. 383  
P. O. Address Leis Summit

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