IRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

-60-041960

STATE FILE NUMBER

NDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5741

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: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp. — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Miami
c. CITY OR TOWN Osawatomie — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 112 Pacific — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Marie — Middle S — Last Deuer
4. DATE OF DEATH: Month 11 — Day 15 — Year 1960
5. SEX: F
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 8-20-93
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Nursing
11. BIRTHPLACE (City and state or country): Brownsburg, Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Bolivar B. Buchanan
13b. MOTHER'S MAIDEN NAME: Frances Moffett
14. NAME OF HUSBAND OR WIFE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 321-20-5099
17. INFORMANT: Mrs M.F. Doss — Address: Osawatomie, Kan

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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): Congestive heart failure
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.) None
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 12 Nov 1960 to 15 Nov 1960 and last saw her/him alive on 14 Nov 1960
Death occurred at 8:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Donald R. Davis

22a. SIGNATURE Donald R. Davis M.D. (Degree or title)
22b. ADDRESS 4760 Broadway Kansas City Mo
22c. DATE SIGNED 11-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE Nov. 15-1960
23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR — ADDRESS: Eddy Funeral Home, Osawatomie, Kan
25. DATE RECD. BY LOCAL REG. 11-15-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul L. Williamson

Signature of Student Embalmer

Licensed Embalmer No. 5009

P. O. Address Overland

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