

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-001470

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 649

Primary Registration District No. 1002

Registrar's No. 208

STATE FILE NUMBER

FILED JAN 28 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) 4246 JEFFERSON	
3. NAME OF DECEASED (Type or print) HAROLD HALLIBURTON BUCHANAN		4. DATE OF DEATH Month Day Year JANUARY 12, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-12-08
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	11. BIRTHPLACE (City and state or country) MAGON, MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A.		14. NAME OF HUSBAND OR WIFE VIOLA M. BUCHANAN	
13a. FATHER'S NAME JOHN W. BUCHANAN		13b. MOTHER'S MAIDEN NAME MARY ELIZABETH HALLIBURTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES WW2		16. SOCIAL SECURITY NO. VA HOSPITAL OFFICIAL RECORDS	
17. INFORMATION VIOLA M. BUCHANAN WIFE		17. INFORMATION VIOLA M. BUCHANAN WIFE	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPOSTATIC PNEUMONIA, LOWER LOBES OF LUNGS, SEVERE PORTAL CIRRHOSIS OF THE LIVER WITH FATTY METAMORPHOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MARKED CORONARY ATHEROSCLEROSIS WITH INSUFFICIENCY DUE TO (c) MARKED CORONARY ATHEROSCLEROSIS WITH INSUFFICIENCY		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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 Month, Day, Year p.m.		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 January 8, 1963 to January 12, 1963 and last seen 12/12/63 on 5:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		21. I attended the deceased from January 8, 1963 to January 12, 1963 and last seen 12/12/63 on 5:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Virgilio Sangalang</i> Virgilio Sangalang		22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO.	
22c. DATE SIGNED 1-12-63		22c. DATE SIGNED 1-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-14-63	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Melody McGilley-Fyler		25. DATE RECD. BY LOCAL REG. 1-14-63	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

USE BLACK INK OR TYPEWRITER RIBBON

DEPT. OF HEALTH

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 *Alfred L. Dickman*

Licensed Embalmer No. 5120

P. O. Address: K.C. 11, 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.