

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26841

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3540

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) 412 West 18th St.	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR ST. INSTITUTION St. Josephs Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Eugene c. (Last) Buckley			4. DATE OF DEATH (Month) (Day) (Year) 8-15-49		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 2 1884	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 5 Days 13	IF UNDER 12 HRS. Hours 7 Mts. 15
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) barber	10b. KIND OF BUSINESS OR INDUSTRY barbering	11. BIRTHPLACE (State or foreign country) Redford Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Maude
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) Yes (If yes, give year or date of service) W.W.#1 Navy	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Maude Buckley ADDRESS same as above
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, pulmonary edema and congestion			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE F. P. Niedermeyer (Degree or title) M.D.	23b. ADDRESS 5910 Mc Gee, N. C., Mo.	23c. DATE SIGNED 8-15-49
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE 8-17-49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas City Mo
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DATE REC'D BY LOCAL REG. 8-16-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Eads Bros. Funeral Home ADDRESS KCK
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed C. H. Bestwith

Signed.....
Student Embalmer

Licensed Embalmer No. 3937

P. O. Address Kans City Kans

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 this body is not embalmed, fact should be so stated above.