

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44461

State File No. 5817

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

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, 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) ALL LIFE		d. STREET ADDRESS (If rural, give location) 2415 TRACY (PARENTS)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Vincent's Hospital			

3. NAME OF DECEASED (Type or Print) TERRANCE ELVIN BUCKMAN			4. DATE OF DEATH (Month) (Day) (Year) DEC. 23 1952		
a. (First) TWIN NO 1		b. (Middle)	c. (Last)		

5. SEX MALE	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH DEC 10, 1952	9. AGE (In years last birthday) 13		if UNDER 1 YEAR Months 13	if UNDER 1 YEAR Days	if UNDER 1 YEAR Hours	if UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Hollis Edward		13b. MOTHER'S MAIDEN NAME Mazala DeLois		14. NAME OF HUSBAND OR WIFE INFANT	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hollis Buckman 115 Tracy Ave			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity	Weigh at lbs Birth 2-20g				12 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES					
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
	DUE TO (c)					
	II. OTHER SIGNIFICANT CONDITIONS					
	Conditions contributing to the death but not related to the disease or condition causing death. Aspirated Pneumonia					7635

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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)	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 12-10, 1952, to 12-23, 1952, that I last saw the deceased alive on 12-23, 1952, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Marion W. Richardson (Degree or title)		23b. ADDRESS 2526 Prospect K.C. Mo		23c. DATE SIGNED 12/24/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 2, 1953	24c. NAME OF CEMETERY OR CREMATORY LINCOLN	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
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DATE REC'D BY LOCAL REG. 12-31-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1415 Truman Pl.			
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Landis H. Jackson*

Signed.....
Student Embalmer

Licensed Embalmer No. *4850*

P. O. Address *K. O. Me*

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.