

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4749

FILED MAR 15 1954

State File No. _____

675

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		b. COUNTY <u>JACKSON</u>	
c. LENGTH OF STAY (In this place) <u>Non Resident</u>		c. CITY OR TOWN <u>KANSAS CITY, Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>7803 EAST 40 HIGHWAY</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BEATRICE</u> b. (Middle) <u>JESSE</u> c. (Last) <u>BUCHANAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 10, 1954</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 11, 1895</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SMITH CENTER, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>CALE JONES</u>	13b. MOTHER'S MAIDEN NAME <u>CLARA HELEANSTEIN</u>	14. NAME OF HUSBAND OR WIFE <u>EARLE E. BUCHANAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. A. E. PARKS</u> ADDRESS <u>5005 THE PASSEO KANSAS CITY, MISSOURI</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about one hour</u> <u>Several hrs.</u> <u>3 1/2 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 2-10, 1954, to 2-10, 1954, that I last saw the deceased alive on 2-10, 1954, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Atcheson</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3850 Proffert</u>	23c. DATE SIGNED <u>2-11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENDALE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-12-54</u>	REGISTRAR'S SIGNATURE <u>Staldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Newman</u> ADDRESS <u>1331 BURNHAMPTON BLVD. KANSAS CITY, MISSOURI</u>
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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..

Student.....
Signature of Student Embalmer

Signed *John B. Lewis*.....

Licensed Embalmer No. *487*

P. O. Address *K.C.M.D.*

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.