

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33810

State File No.

FILED OCT 27 1954

4619

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. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>20 years</u>		c. CITY OR TOWN <u>Kansas City North 5053 N. B</u>		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rosabeth Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>5053 N. Brighton 5088</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAYMOND</u> b. (Middle) <u>D</u> c. (Last) <u>BUIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2 1954</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>February 5, 1915</u>		9. AGE (In years last birthday) <u>39</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bar tender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Fred E Buis</u>		13b. MOTHER'S MAIDEN NAME <u>Beulah Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>571-09-8728</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred E Buis</u>	
18. ADDRESS <u>5053 N. Brighton</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Multiple brain abscesses</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple brain abscesses</u> (b) <u>Bronchiectasis</u> (c) _____ *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>526X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>Oct. 1-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rt. temporal abscess</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		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?		22. I hereby certify that I attended the deceased from <u>Sept 26 1954</u> , to <u>Oct 2, 1954</u> , that I last saw the deceased alive on <u>Oct 2, 1954</u> , and that death occurred at <u>1:40 A.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Revis C. Lewis</u> (Degree or title) <u>Med</u>	
23b. ADDRESS <u>411 N. Nichols Rd. K.C. Mo</u>		23c. DATE SIGNED <u>Oct 2-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 4 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Int Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>10-3-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Kilba Funeral Home</u>		ADDRESS <u>2315 Linwood</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kilba Funeral Home</u>		ADDRESS <u>2315 Linwood</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8-16-43

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 *Chas E Wilks*

Licensed Embalmer No. *264*

P. O. Address *KC 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.