

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43263**  
**5808**

69240-54

BIRTH NO. 11973 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 OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>2mons, 13 days</u>	c. CITY OR TOWN <u>Kansas City, Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		STREET ADDRESS (If rural, give location) <u>333 2000 Montgall</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Buckner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1954</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct. 5, 1954</u>
9. AGE (In years last birthday) <u>2 mons 13 days</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME <u>Joyce Buckner</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joyce Buckner</u> ADDRESS <u>2000 Montgall</u>

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) <u>Interstitial Pneumonia</u>		DUPLICATE (b) <u>atelectasis, mild</u>		<u>7 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <u>mural vegetations on heart mitral valve</u>		<u>-</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>- 525t</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) (Min)	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>Dec 18, 1954</u> , to <u>Dec 18, 1954</u> , that I last saw the deceased alive on <u>Dec 18, 1954</u> , and that death occurred at <u>5:30 P m.</u> , from the causes and on the date stated above.		
23a. SIGNATURE <u>Roy F. Garrison</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Argyle Bldg K.C. Mo</u>	23c. DATE SIGNED <u>Dec 20, 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>
		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>

DATE REC'D BY LOCAL REG. <u>12-20-54</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros. Funeral Home</u> ADDRESS <u>1840 Denton</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-13-55

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: *Bruce P W Atteris*

Licensed Embalmer No. *456*

P. O. Address *18th St Ben*

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.