

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11817  
1395

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1395

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Kansas City</b>		c. LENGTH OF STAY (in this place) <b>35 YEARS</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. STREET ADDRESS <b>52</b>		(If rural, give location) <b>1200 E. Armour 352 1/2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b>	b. (Middle) <b>GILBERT</b>	c. (Last) <b>Buell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 - 27 - 1955</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 1 - 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED I-14 FREIGHT HANDLING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILWAY EXPRESS AGENCY</b>	9. AGE (In years last birthday) <b>71</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>CHARLOTTE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>MIL0 BUELL</b>	13b. MOTHER'S MAIDEN NAME <b>BERTHA PARKER</b>	14. NAME OF HUSBAND OR WIFE <b>MABEL BUELL</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>714-07-1756</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. MABEL BUELL 1200 E. ARMOUR KANSAS CITY MO.</b>

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) <b>Kidney failure</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	MEDICAL CERTIFICATION		
	INTERVAL BETWEEN ONSET AND DEATH <b>154X</b>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Residual abdominal perineal resection</b> DUE TO (c) <b>Carcinoma of rectum</b>			
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"/>
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)	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 Feb. 10, 1955, to March 27, 1955, that I last saw the deceased alive on March 27, 1955, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. J. Burns</b> (Degree or title) <b>D.</b>	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>3-28-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>MAR. 29. 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GYPSON HILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>SALINA KANSAS</b>
DATE REC'D BY LOCAL REG. <b>3. 29. 55</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>D. H. Newsome 1331. BRUSH CAREER KANSAS CITY, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address..... *KE*

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.