

FILED OCT 24 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4275

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON		a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7435 CHARLOTTE		918 STREET ADDRESS 7435 CHARLOTTE ST.	
Length of stay in lb 46 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) HERMAN J. BUCKHART			4. DATE OF DEATH SEPT.-30-1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR-11-1887	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR IF UNDER 24 HRS.
10. USUAL OCCUPATION (Give kind of work done) CREDIT MGR. BEACH WHITMAN CO. + INTERNAL AVENUE			11. BIRTHPLACE (City and state or country) DUNDEE ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME FREDERICK BUCKHART		14. MOTHER'S MAIDEN NAME CAROLINE UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-05-8642	
17. INFORMANT Mrs. MARY L. BUCKHART		Address 7435 CHARLOTTE ST. KANSAS CITY, MO.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia			7 Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Parkinsons Disease			4 mo
DUE TO (c)			1350X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Strangulated Hernia (left) Rupture of Aorta			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 8-4-56 to Sept 30-56 and last saw him alive on Sept 16-56		
Death occurred at 10:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Edward H. Thiesen MD		22b. ADDRESS 4620 Nichols Highway
22c. DATE SIGNED 10-1-56		

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 2. 1956	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR DW. NEWCOMER SONS		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 10-2-56
26. REGISTRAR'S SIGNATURE New Minchall			

Doctor, coroner, etc. must use only standard notation for diseases in Part I use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes.

Edward H. Thiesen, M.D. MEDICAL CERTIFICATION

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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 W*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.