

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37899

FILED DEC 13 1956

STATE FILE NUMBER 5063

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		Length of stay in hospital 15 years	d. STREET ADDRESS 3333 Broadway		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last REV. EUGENE L. BUHLER			4. DATE OF DEATH Month Day Year Nov. 22, 1956		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 14, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest		10b. KIND OF BUSINESS OR INDUSTRY Redemptorist Fathers	11. BIRTHPLACE (City and state or country) New Orleans, Louisiana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Eugene F. Buhler			14. MOTHER'S MAIDEN NAME Caroline Seibel		
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. none	17. INFORMANT Address Rev. Vance, 3333 Broadway, K. C. Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Diabetic Coma</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>chronic diabetes</i> DUE TO (c) <i>-</i>					INTERVAL BETWEEN ONSET AND DEATH  <i>260X</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>-</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <i>-</i>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>-</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>-</i>			
21. I attended the deceased from <i>1 1/2 years</i> to <i>11-21-56</i> and last saw <i>him</i> alive on <i>11-21-56</i> Death occurred at <i>m</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. Bourke</i> (Degree or title)			22b. ADDRESS <i>1207 Riata Bldg.</i>		22c. DATE SIGNED <i>12/1/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/24/56	23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR QUIRK & TOBIN-20 W. Linwood, K.C.Mo.		25. DATE RECD. BY LOCAL REG. 11-23-56	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *William M. Turner*

Licensed Embalmer No. *46*

P. O. Address: *207 Lincoln*

*Kansas City, Mo*

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.