

FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8582

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1381

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived - If institution: residence before admission) a. STATE - <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) (Inhabitant) _____		e. STREET ADDRESS (If rural, give location) <u>1618 Park Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1618 Park Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Iranian</u>	b. (Middle) _____	c. (Last) <u>Bueford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 22 1957</u>
-------------------------------------	---------------------------	-------------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-31-1881</u>	9. AGE (In years) (If under 1 year last birthday) (If under 2 mos. last birthday) Months Days Hours Mins. <u>75</u>
--------------------	-------------------------------	---	-----------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Decorations Contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or foreign country) <u>Kansas City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Allen Bueford</u>	13b. MOTHER'S MAIDEN NAME <u>Gennie</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Bueford</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give branch or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-10-2016</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Allie Bueford - 1618 Park</u>
--	--	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr, 8</u>  <u>4500</u>
	ANTECEDENT CAUSES <u>Arteriosclerosis</u>		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------	--	--

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 Jan 12, 1952, to March 22, 1957, that I last saw the deceased alive on 3-22, 1957, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E.F. Walls</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>2628 Troost</u>	23c. DATE SIGNED <u>3-25-57</u>
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-25-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland R.C. Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>3-25-57</u>	REGISTRAR'S SIGNATURE <u>new minshall</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brighams &amp; Jones 1824 Park</u>
---	---	--

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.....  
Licensed Embalmer No. 44-.....

P. O. Address 2300 E.....

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.

