Health, Welfare Public Service

. 300
. 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Robert C. Buckner

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13036

FILED APR 16 1957

21767-57 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1439

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No	c. CITY OR TOWN Kansas City, NORTH 5078 — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital — Length of stay in 1b: 1 Hr. 44 Min.	d. STREET ADDRESS (If outside, give location) 3530 E. 53rd, North — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print)	First: BRYAN	Middle: ---	Last: CHEATUM	4. DATE OF DEATH	Month Day Year: March 25, 1957
5. SEX: Male	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: March 25, 1957	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours 1, Min. 44
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant	10b. KIND OF BUSINESS OR INDUSTRY: ------	11. BIRTHPLACE (City and state or country): Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: James B. Cheatum		14. MOTHER'S MAIDEN NAME: Betty Bryan			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): -----		16. SOCIAL SECURITY NO.: none	17. INFORMANT: James B. Cheatum — Address: 3530 E. 53rd, North, KC.MO		

MEDICAL CERTIFICATION

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) Anoxemia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 7625

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 3-25-57, to 3-25-57 and last saw her/him alive on 3-25-57

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert Buckner (Degree or title) M.D. — 22b. ADDRESS: 4620 Michael Pkwy KC Mo — 22c. DATE SIGNED: 3-27-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3/27/57	23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS: QUIRK & TOBIN-20 W. Linwood, K.C.Mo.		25. DATE RECD. BY LOCAL REG.: 3-28-57	26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

KP
2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. William M. Turn

Licensed Embalmer No. 464

P. O. Address 20 N. Linwood
Kansas City, M

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