

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032565
STATE FILE NUMBER

S. 300
1-57

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4492

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6410 E. 64th ST.		Length of stay in 1b 50 yrs.	d. STREET ADDRESS (If outside, give location) 6410 E. 64th ST.

3. NAME OF DECEASED (Type or print) First Middle Last PEARLEY GUY BUCKLES			4. DATE OF DEATH Month Day Year SEPTEMBER 21 1958	
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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 JUNE 14, 1882	9. AGE (In years last birthday) 76	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY School principal	11. BIRTHPLACE (City and state or country) IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William BUCKLES	13b. MOTHER'S MAIDEN NAME SARAH ELLEN PATTERSON	14. NAME OF HUSBAND OR WIFE Bonnie BUCKLES
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 20	16. SOCIAL SECURITY NO. 497-40-0599	17. INFORMANT Address MRS. BONNIE BUCKLES, 6410 E. 64th STREET
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200	

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

20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from August 1957, to August 7, 1958 and last saw him alive on Aug. 7, 1958
Death occurred at 9:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert I. Decker M.D.	22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 9-22-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-24-58	23c. NAME OF CEMETERY OR CREMATORY Johnson Co. Memorial Park, Johnson Co. Kans.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR D.W. NEUCOMER'S SONS 1331 BRUSH CREEK ADDRESS KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 9-23-58	26. REGISTRAR'S SIGNATURE New Marshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
Every cause of death must be stated in Part I. No symptoms will be listed.

Albert I. Decker

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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 *[Handwritten Signature]*

Licensed Embalmer No. *4421*

P. O. Address *Kansas City*

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.