

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012386

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 399

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph <i>0117</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		d. STREET ADDRESS (If outside, give location) 2806 Duncan St.	

3. NAME OF DECEASED (Type or print) First BUFORD Middle OTIS Last KEARBY			4. DATE OF DEATH Month April Day 20 Year 1959		
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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 March 11, 1894	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min. 1	IF UNDER 24 HRS. Hours 1 Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. owner	10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (City and state or country) Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Kearby	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Opal
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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) no	16. SOCIAL SECURITY NO. 491-10-1387	17. INFORMANT Mrs. Opal Kearby, 2806 Duncan St. Joseph, Mo.	Address
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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) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive Cardio-Vascular Renal Disease	MONTHS
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.) 4201
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20c. TIME OF INJURY Hour 4:45a. Month 4 Day 20 Year 1959	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.)	20f. CITY, TOWN, OR LOCATION St. Joseph	COUNTY Mo	STATE Mo
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21. I attended the deceased from 1955 to 4-20-59 and last saw him alive on 4-19-59 Death occurred at 4:45a. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE McGrunk (Degree or title) MD	22b. ADDRESS St Joseph Mo	22c. DATE SIGNED 4-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/22/1959	23c. NAME OF CEMETERY OR CREMATORY Winters Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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24. FUNERAL DIRECTOR Wheaton Bowman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 22, 1959	26. REGISTRAR'S SIGNATURE Mr. Clark Gardell
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All diseases in Part I must be causally related.

Dr. H. E. Grimes USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 20 1962

W. Thomas

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 *Theron O. Smith*

Licensed Embalmer No. *3928*

P. O. Address *St. Joseph*

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.