Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013196
STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2013

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Watson Nursing Home — Length of stay in 1b: 40 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1424 Denver — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Luella Middle: Buck Last:

4. DATE OF DEATH: Month: April Day: 21 Year: 1959

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 2-3-71

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): West Virginia

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Robert Bruce Buck

13b. MOTHER'S MAIDEN NAME: Hester Ann Casler

14. NAME OF HUSBAND OR WIFE: none

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 Address: Mrs. Mildred Parker, K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis — 10 years.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4500

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 4-2-59 to 4-21-59 and last saw her/him alive on 4-21-59
Death occurred at 7:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Paul Laurenzano MD

22b. ADDRESS: 428 S. White Ave

22c. DATE SIGNED: 4-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 4-24-59

23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: R. A. Fulton, Kansas City, Kansas

25. DATE RECD. BY LOCAL REG.: 4-22-59

26. REGISTRAR'S SIGNATURE: Neva Meinshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Frank Paul Laurenzano

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 Ralph Fulton

Licensed Embalmer No. 3035

P. O. Address K. 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.