

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021671

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 2826

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS City</u> 3908
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>27th and Guinotte</u>		Length of stay in 1b <u>41.4 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>2412 E 79th</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Howard A Roland</u>			4. DATE OF DEATH Month Day Year <u>June 9, 1959</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 7, 1891</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>	11. BIRTHPLACE (City and state or country) <u>ALABAMA</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>COLD STORAGE CO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles Roland</u>		13b. MOTHER'S MAIDEN NAME <u>CAMILE DePorter</u>	14. NAME OF HUSBAND OR WIFE <u>NAOMI Roland</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>445-28-7369</u>	17. INFORMANT Address <u>MRS. NAOMI Poland 2412 E. 79th</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Route Coronary Occlusion, severe</u> DUE TO (b) <u>Arteriosclerosis + Atherosclerosis</u> DUE TO (c) <u>Generalized + Coronary Sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Obesity, marked; exogenous</u>			INTERVAL BETWEEN ONSET AND DEATH. <u>10 min</u> <u>5 yrs.</u>
20a. ACCIDENT SUICIDE HOMICIDE <u>NO</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>None</u>		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 COUNTY STATE	
21. I attended the deceased from <u>June 1949</u> to <u>6-9-59</u> and last saw him alive on <u>6-8-59</u> Death occurred at <u>9:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Harold A. Buckle, M.D.</u>		22b. ADDRESS <u>1019 ARGYLE Bldg</u>	22c. DATE SIGNED <u>6-9-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 12 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>
23d. LOCATION (City, town, or county) (State) <u>KANSAS City, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Muehlebach 6700 TRUST</u>	
25. DATE RECD. BY LOCAL REG. <u>6-9-59</u>		26. REGISTRAR'S SIGNATURE <u>Gene Marshall</u>	

Harold A. Buckle
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Mr. Bunker
F. ...
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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 R. E. Michals

Licensed Embalmer No. 7897

P. O. Address W. C. ...

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.