

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 6 1960

=60-019316

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2771

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, Missouri		Length of stay in 1b 11 Yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. Hospital, K. C. Mo			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3604 Tracy		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EDWARD Middle GUSTAVE Last BUCHMANN				4. DATE OF DEATH Month May Day 21 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-1-79	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Massilon, Ohio		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Gustave Buchmann			13b. MOTHER'S MAIDEN NAME Katherine Meiers			14. NAME OF HUSBAND OR WIFE Margaret Buchmann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1-8-00 to 1-7-04			16. SOCIAL SECURITY NO. 196-22-0846		17. INFORMANT Edward C. Buchmann, 3604 Tracy, K. C. Mo Official Records, VA Hospital, K. C. Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Peritonitis, post-operative									
DUE TO (b) Duodenal obstruction									
DUE TO (c) Carcinoma of the head of the pancreas									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)					
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year									
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. VA attended the deceased from 4-15-60 to 5-21-60 and / night / day / week / day / on									
Death occurred at 7:00A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>T. J. Fritzlen</i> T. J. Fritzlen, M.D.				22b. ADDRESS V. A. Hosp.			22c. DATE SIGNED 5-21-60		
23a. BURIAL, CREMATION, REMOVAL (specify) Removal		23b. DATE 5-22-60	23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) Chicago, Illinois			(State)	
24. FUNERAL DIRECTOR Melody McGilley-Eylar Woodland @ Linwood			ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 5-21-60		26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur Eugene Hood

Licensed Embalmer No. 491

P. O. Address R.C. Mo

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.