

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 30 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

3162-60-023083
STATE FILE NUMBER

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		Length of stay in 1b unknown		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 Research Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 10th. & McGee		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last MR. GEORGE BUCHANAN				4. DATE OF DEATH Month Day Year June 13 1960					
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 6-29-1882	9. AGE (last birthday) 76 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personnel Manager-Ret.			10b. KIND OF BUSINESS OR INDUSTRY Phillips Hotel		11. BIRTHPLACE (City and state or country) unknown		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Bernice Buchanan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Mrs. Bernice Buchanan- 10th & McGee				
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>Posterior wall acute coronary artery occlusion with myocardial infarct</u> DUE TO (b) <u>Coronary Artery Sclerosis</u> DUE TO (c) <u>Old Anterior Wall Infarction</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Recurrent Angina Pectoris</u>						INTERVAL BETWEEN ONSET AND DEATH 24 hours 1 year 2 years			
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 _____ a.m. _____ p.m. _____	Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20a. 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 5-27-1960 to 6-12-60 and last saw him alive on 6-12-60 Death occurred at P. m on the date stated above, and to the best of my knowledge, from the cause stated.									
22a. SIGNATURE (Degree or title) Graham Asher M.D.				22b. ADDRESS 1270 Professional Kansas City 6-mo				22c. DATE SIGNED 6-14-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-13-60	23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) Leavenworth, Kansas		(State)		
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar Funeral Home 1800 E. Linwood Blvd.				25. DATE RECD. BY LOCAL REG. 6-14-60		26. REGISTRAR'S SIGNATURE Neva Marshall			

DOCUMENT

Graham Asher MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6-19-87
11-18-87

Dr. Asher
Prof. Brady
112-8180

June 2

JUN 3 1961

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 Dale L. Martin

Licensed Embalmer No. 5106

P. O. Address Shawnee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.