MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-001268

FILED VS FEB 14 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 483 STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 55 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital — Inside Limits Yes ☒ No ☐

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4732 McGee St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Beulah — Middle D — Last Bucher
4. DATE OF DEATH: Month January — Day 27 — Year 1961
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-10-1898
9. AGE (last birthday): 62
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Johnson County Kan.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Elisha W. DeVere
13b. MOTHER'S MAIDEN NAME: Lucette Pitt
14. NAME OF HUSBAND OR WIFE: Frank S. Bucher
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.: —
17. INFORMANT: Frank D. Bucher, Address: Kansas City, 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis Generalized
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

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 1-25-61 to 1-27-61 and last saw her/him alive on 1-27-61
Death occurred at 9:15A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Geo. C. Kealhofer (Degree or title) M.D.
22b. ADDRESS: 6627 Troost Kansas City
22c. DATE SIGNED: 1-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-30-61
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill
23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: Wagner Funeral Home, K. C. Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 1-30-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 Phillip L. Smith, Student Embalmer No. 622.

working under my personal supervision.

Student Phillip L. Smith
Signature of Student Embalmer

Signed Alvin R. Hauenschild

Licensed Embalmer No. 4159

P. O. Address St. L. 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.