

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-008676

Registration District No. 149

Primary Registration District No. 1007

Registrar's No. 1508

STATE FILE NUMBER

AMENDED

FILED APR 10 1961

PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City

Length of stay in 1b 2 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Children's Mercy Hospital

Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE Missouri

b. COUNTY Sullivan

c. CITY OR TOWN Humphrey

Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) Route #1

Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print)

First Donnie Middle Ray Last Buckner

4. DATE OF DEATH Month 3 Day 24 Year 61

5. SEX male

6. COLOR OR RACE white

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 3-20-61

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months 4 Days 4 Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and state or country) Trenton, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Vernon Buckner

13b. MOTHER'S MAIDEN NAME Judy Hudson

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT Address Vernon Buckner Humphrey, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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 9:15 a.m. Month, Day, Year 3-24-61 p.m.

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 3-23-61 to 3-24-61 and last saw him alive on 3-24-61

Death occurred at 9:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. Penner MD

22b. ADDRESS 1710 Independence Ave

22c. DATE SIGNED 3-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE 3-25-61

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Laredo Mo.

24. FUNERAL DIRECTOR

ADDRESS Robert Son Mart, Laredo, Mo

25. DATE RECD. BY LOCAL REG. 3-25-61

26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF

SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John R. Sidman  
Licensed Embalmer No. 4531  
P. O. Address Kansas 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.