No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9475

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 592L Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, BLACKWATER
c. LENGTH OF STAY (in this place): Continually Life
d. FULL NAME OF HOSPITAL OR INSTITUTION: 5 Miles South of Sweet Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: PETTIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, BLACKWATER TWSHP.
d. STREET ADDRESS (If rural, give location): North Edge of Blackwater Twsh.

3. NAME OF DECEASED (Type or Print): a. (First) GRACE b. (Middle) LOUISE c. (Last) MITTEL/BUSCHER
4. DATE OF DEATH (Month) (Day) (Year): April 2 - 1949
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: May 27. 1890
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 10 Days 5 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): SALINE Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: FRITZ ROSCHER
13b. MOTHER'S MAIDEN NAME: LOUISE HELLHORST
14. NAME OF HUSBAND OR WIFE: OMER MITTEL BUSCHER
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.: None
17. INFORMANT'S SIGNATURE OR NAME: Omer Mittel Buscher — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pelvic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) 1991

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-15, 1949, *to* 4-1, 1949, *that I last saw the deceased alive on* 2-30, 1949, *and that death occurred at* 12:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. N. Hale (Degree or title) D.O.
23b. ADDRESS: Sweet Springs Mo
23c. DATE SIGNED: 4-2-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR. 3. 1949
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW
24d. LOCATION (City, town, or county) (State): Sweet Springs Mo

DATE REC'D BY LOCAL REG.: 4-3-49
REGISTRAR'S SIGNATURE: Betty Yeager Deputy 251
25. FUNERAL DIRECTOR'S SIGNATURE: R C Carter — ADDRESS: Sweet Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 4-11-49

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 .....
Student Embalmer

Signed R C Carter

Licensed Embalmer No. 3513

P. O. Address Sweet Springs, 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 this body is not embalmed, fact should be so stated above.