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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11819

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>4110</u>		Registrar's No. <u>26</u>			
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>		c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>		21			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East 3rd St. 1</u>				d. STREET ADDRESS (If rural, give location) <u>East 3rd st.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>ANTHONY</u>		c. (Last) <u>BUSCHROETTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL, 19-1949</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>April 24-1870</u>			
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>11</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l Farming</u>							
13a. FATHER'S NAME <u>Barthardt Buschroetter</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Thomas Buschroetter</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <u>Mrs John Buschroetter Salisbury Mo</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis</u>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>4-1</u> , 19 <u>49</u> , to <u>4-19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-19</u> , 19 <u>49</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. H. Winkelmeyer M.D.</u>				23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>4/19/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-22-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-19-49</u>		REGISTRAR'S SIGNATURE <u>H. H. Winkelmeyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. D. Winkelmeyer</u>		ADDRESS <u>Salisbury Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-26-49

MAY 5 1949

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.

Signed \_\_\_\_\_

*Chas B Wankel*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury

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.