

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15473**
 BIRTH NO. _____ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **4188** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Anna c. (Last) Buchholz			4. DATE OF DEATH (Month) (Day) (Year) May 11 1949		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-1-1903	9. AGE (In years last birthday) 46	10. CITIZEN OF WHAT COUNTRY? U.S.A.
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 (State or foreign country) Burr, Nebraska	

13a. FATHER'S NAME John K. Neeman	13b. MOTHER'S MAIDEN NAME Emma Rackman	14. NAME OF HUSBAND OR WIFE Edw. T. Buchholz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. **	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edw. T. Buchholz Owensville, Mo.

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) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 4-6mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-renal Hypertensive vascular heart Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes - Nephrosis			442X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 July, 1948, to May, 1949, that I last saw the deceased alive on May 11, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. M. Keller M. D.	23b. ADDRESS Owensville Mo.	23c. DATE SIGNED 5-14-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-14-1949	24c. NAME OF CEMETERY OR CREMATORY Evang. & Ref. Cem.
24d. LOCATION (City, town, or county) (State) Owensville, Mo.		

DATE REC'D BY LOCAL REG. June 3, 1949	REGISTRAR'S SIGNATURE Dorothy Jackson	363	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter H. Winter OWENSVILLE Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

3720

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 8 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 Ma
..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Melvin H. Winter

Licensed Embalmer No. 383-F

P. O. Address Owensville 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.