

No. 500
10. 48

FILED JAN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41888
286
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4378

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravenwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravenwood	
c. LENGTH OF STAY (in this place) 23 yrs.		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle)	c. (Last) BUHOLT	4. DATE OF DEATH (Month) (Day) (Year) 12 16 49
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12/20/62	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Exira, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Buholt	13b. MOTHER'S MAIDEN NAME Angeline Baker	14. NAME OF HUSBAND OR WIFE Mareta Turner Buholt,	dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mr. Charles Buholt,	ADDRESS Ravenwood, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tobacco Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Senile		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		490X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 12, 1949 to Dec. 16, 1949, that I last saw the deceased alive on Dec. 15, 1949, and that death occurred at 1:45A m., from the causes and on the date stated above.

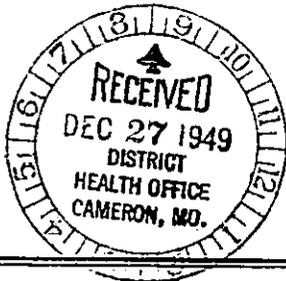
23a. SIGNATURE (Degree or title) B. J. Garter, D. O.	23b. ADDRESS Ravenwood, Mo.	23c. DATE SIGNED 12/16/49
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24a. BURIAL CREMATION, REMOVAL (Specify) burial	24b. DATE 11/18/49	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	24d. LOCATION (City, town, or county) (State) Ravenwood, Missouri
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DATE REC'D BY LOCAL REG. 12-24-49	REGISTRAR'S SIGNATURE Kess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home	ADDRESS Maryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

ROBERT L SOUTER

Student Embalmer No. *309*

working under my personal supervision.

Student *Robert L Sauter*
Student Embalmer

Signed *Clara M. Pucic*

Licensed Embalmer No. *1F22*

P. O. Address *Manlyville 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.