

FILED FEB 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 548

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 49100

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>S. Dakota</u> b. COUNTY <u>Walworth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles NW Bowdle, S. Dak.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCleary Clinic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) _____ c. (Last) <u>BUECHLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 2, 1909</u>		9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>S. Dakota</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Jacob Buechler</u>		13b. MOTHER'S MAIDEN NAME <u>Kathrine Jacober</u>		14. NAME OF HUSBAND OR WIFE <u>Altea Buechler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>August Buechler, Bowdle, S. Dak.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u>			
		DUE TO (c) _____			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Noix</u>	
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)		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 1-20-, 1950, to 1-21-, 1950, that I last saw the deceased alive on 1-20-, 1950, and that death occurred at 5 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. B. Keeler, M.D.</u>		23b. ADDRESS <u>McCleary Sanitarium</u>		23c. DATE SIGNED <u>1-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	
24d. LOCATION (City, town, or county) (State) <u>Unknown</u>					

DATE REC'D BY LOCAL REG. <u>1/21/50</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Prichard, E. Springs Mo</u>	
		ADDRESS <u>62</u>			

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

RECEIVED

FEB 3

District Health Officer No. 8,

District File Number

Date Filed

2-14-50

JUN 21 1950  
APR 1 1950

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

*Lindell R. Jaraman*

Licensed Embalmer No. 4589

P. O. Address *Excelsior 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.