

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**16383**

State File No. ....

No. 300  
10-48

**FILED JUN 8 1950**

|                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                               |  |                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| BIRTH NO. ....                                                                                                                                                                                                                                                          |  | REG. DIST. NO. <u>118</u>                                                                                                                                                                                                                                                                                                                                                                                                                         |  | PRIMARY REG. DIST. NO. <u>4188</u>                                                                                                            |  | Registrar's No. <u>64</u>                                                           |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Gasconade</u>                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> |  |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>                                                |  |                                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | d. STREET ADDRESS (If rural, give location)                                                                                                   |  |                                                                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                                                                  |  | a. (First)                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | b. (Middle)                                                                                                                                   |  | c. (Last)                                                                           |  |
|                                                                                                                                                                                                                                                                         |  | <u>Conrad</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <u>Henry</u>                                                                                                                                  |  | <u>Buddemeyer</u>                                                                   |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                                                        |  | (Month)                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | (Day)                                                                                                                                         |  | (Year)                                                                              |  |
|                                                                                                                                                                                                                                                                         |  | <u>May</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <u>7</u>                                                                                                                                      |  | <u>1950</u>                                                                         |  |
| 5. SEX<br><u>MALE</u>                                                                                                                                                                                                                                                   |  | 6. COLOR OR RACE<br><u>white</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u>                                                                      |  | 8. DATE OF BIRTH<br><u>Aug. 9, 1875</u>                                             |  |
| 9. AGE (In years last birthday)                                                                                                                                                                                                                                         |  | 10. MONTHS                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. DAYS                                                                                                                                      |  | 12. HOURS                                                                           |  |
| <u>74</u>                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                               |  |                                                                                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Merchant</u>                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>***</u>                                                                                               |  | 11. BIRTHPLACE (State or foreign country)<br><u>Woollam, Mo.</u>                    |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                               |  |                                                                                     |  |
| 13a. FATHER'S NAME<br><u>William Buddemeyer</u>                                                                                                                                                                                                                         |  | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Krampf</u>                                                                                                                                                                                                                                                                                                                                                                                              |  | 14. NAME OF HUSBAND OR WIFE<br><u>Amelia Neese Buddemeyer</u>                                                                                 |  |                                                                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                                                                                                                                   |  | 16. SOCIAL SECURITY NO.<br><u>***</u>                                                                                                                                                                                                                                                                                                                                                                                                             |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Amelia Buddemeyer Owensville</u>                                                         |  |                                                                                     |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                         |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>None</u> |  |                                                                                                                                               |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>immediate</u><br><br><u>4/201</u>            |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                  |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                               |  | 20. AUTOPSY?<br>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 <u>5-7</u> , 19 <u>50</u> , to <u>5-7</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19 <u>50</u> , and that death occurred at <u>6:30a</u> m., from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                               |  |                                                                                     |  |
| 23a. SIGNATURE<br><u>Ronald Branner, M.D.</u> (Degree or title)                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 23b. ADDRESS<br><u>Owensville, Mo.</u>                                                                                                        |  | 23c. DATE SIGNED<br><u>5-9-50</u>                                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                              |  | 24b. DATE<br><u>5-10-1950</u>                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>City Cemetery</u>                                                                                    |  | 24d. LOCATION (City, town, or county) (State)<br><u>Owensville, Mo.</u>             |  |
| DATE REC'D BY LOCAL REG.<br><u>5-22-1950</u>                                                                                                                                                                                                                            |  | REGISTRAR'S SIGNATURE<br><u>Dorothy Jackson</u>                                                                                                                                                                                                                                                                                                                                                                                                   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>W. H. White</u>                                                                                        |  | ADDRESS<br><u>OWENSVILLE</u>                                                        |  |

(Licensed Embellisher's Statement on Reverse Side)

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

RECEIVED JUN 3 1960  
District Health Officer No. 9,  
District File Number

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 Me

Student Embalmer No. ....

working under my personal supervision.

Signed

Melford H. H. Winters

Signed .....  
Student Embalmer

Licensed Embalmer No. 3838

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.

SEP 22 1961