

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35843

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 202	
1. PLACE OF DEATH a. COUNTY <i>Saline</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>			
b. CITY (If outside corporate limits, write RURAL and give town) <i>Marshall</i>		c. LENGTH OF STAY (In this place) <i>3 Wks</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Liberty TWP 0970</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>352 S. Salt Pond</i>				d. STREET ADDRESS (If rural, give location) <i>6 mi East + north Sweet Springs Mo</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>WILLIAM</i>		b. (Middle) <i>(HENRY JACOB)</i>		c. (Last) <i>BUDDÉ</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 8, 1950</i>		5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	
8. DATE OF BIRTH <i>Oct. 20, 1873</i>		9. AGE (In years last birthday) <i>76</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm Hand</i>		11. BIRTHPLACE (State or foreign country) <i>Illinois</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm Hand</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>		11. BIRTHPLACE (State or foreign country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>John H Roscher</i> ADDRESS <i>Sweet Springs Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (d), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Arteriosclerosis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <i>Death</i>	
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 <i>last seen death 10/8/50</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4:00 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>M.D.</i>				23b. ADDRESS <i>Marshall Mo</i>		23c. DATE SIGNED <i>10/9/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Oct 10 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hazel Grove Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Saline Co. Liberty TWP Mo</i>	
DATE REC'D BY LOCAL REG. <i>Oct 9-1950</i>		REGISTRAR'S SIGNATURE <i>Sidney J Gray</i> 385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Harry Hershberger Marshall Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

0972

RECEIVED 10-16-57

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 10-16-57

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_  
Student Embalmer

Signed Joseph R. Marshall

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.