

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37965

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5927 Registrar's No. 365

0800

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Ridge rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Ridge	
c. LENGTH OF STAY (In this place) lifetime		0800	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Route 1, Green Ridge twasp.		d. STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WASHINGTON c. (Last) BUCHER			4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 17, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 1	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Pettis County, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Lewis Bucher	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Helen Pfaff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Bucher, Rt. 1, Ridge, Mo.	ADDRESS Green
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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, atherosclerosis, 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) Chronic myocardial disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial asthma DUE TO (c) ..		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interstitial nephritis		241X	

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 Oct 21, 1950 to Nov. 18, 1950, that I last saw the deceased alive on Nov 18, 1950, and that death occurred at 12:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. A. Hite, M.D.	23b. ADDRESS Green Ridge, Mo.	23c. DATE SIGNED 11-19-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/21/50	24c. NAME OF CEMETERY OR CREMATORY Green Ridge	24d. LOCATION (City, town, or county) (State) Green Ridge, Mo.
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DATE REC'D BY LOCAL REG. 11/20/50	REGISTRAR'S SIGNATURE A. J. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE W. A. ...	ADDRESS Sedalia, Mo
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-27-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-27-50 _____

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.