

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40682**

FILED DEC 17 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1264

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give townshp)<br><b>St. Joseph</b>     |  | c. CITY (If outside corporate limits, write RURAL and give townshp)<br><b>St. Joseph</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Parkview Nursing Home.<br/>1006 Dewey Ave.</b> |  | d. STREET ADDRESS (If rural, give location)<br><b>213 Dolman (E.)</b>   |  |

|  |                              |                          |   |
|--|------------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Sarah</b> | b. (Middle) <b>Elizabeth</b> | c. (Last) <b>Buthman</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>December 8, 1951.</b> |
|--|------------------------------|--------------------------|---|

|                         |                                  |  |  |   |                        |                       |       |      |
|-------------------------|----------------------------------|--|--|---|------------------------|-----------------------|-------|------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>March 1, 1873</b> | 9. AGE (In years last birthday) <b>78</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|-------------------------|----------------------------------|--|--|---|------------------------|-----------------------|-------|------|

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b> | 11. BIRTHPLACE (State or foreign country)<br><b>Buchanan County, Missouri.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
|---|--|--|--|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><b>Albert McCoy</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Cogger</b> | 14. NAME OF HUSBAND OR WIFE<br><b>John Albert Buthman</b> |
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|  |  |   |                                   |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Charles Hope</b> | ADDRESS<br><b>St. Joseph, Mo.</b> |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 days</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis, generalized</b> |  | <b>?</b>  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>331X</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 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 26 Oct., 1951, to 8 Dec., 1951, that I last saw the deceased alive on 7 Dec., 1951, and that death occurred at 3:29 A.M., from the causes and on the date stated above.

|  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><b>Walter P. McDonald M.D.</b> | 23b. ADDRESS<br><b>301 N. 8th St.</b> | 23c. DATE SIGNED<br><b>10 Dec 51</b> |
|--|---------------------------------------|--------------------------------------|

|  |                                    |   |   |
|--|------------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>Dec. 10, 1951.</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Ashland Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Joseph, Missouri.</b> |
|--|------------------------------------|---|---|

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>Dec. 14, 1951</b> | REGISTRAR'S SIGNATURE<br><b>Carl C. Casper</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Walter Reichhoffer</b> | ADDRESS<br><b>St. Joseph, Mo.</b> |
|--|--|---|-----------------------------------|

DEC 29 1952

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 *Robert R. Harrington*

Licensed Embalmer No. ....3256 Missouri.....

P. O. Address St. Joseph, Missouri.

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.