

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

41236

State File No. _____

FILED JAN 12 1952

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4180</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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 <u>205 S. South St.</u>				d. STREET ADDRESS (If rural, give location) <u>205 south Second St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Buehler</u>	
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>8</u>		(Year) <u>1951</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 27, 1871</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 RES. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Jonesboro, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Jacob Theiss</u>		13b. MOTHER'S MAIDEN NAME <u>Friedericka Bartruff</u>		14. NAME OF HUSBAND OR WIFE <u>Benjamin Buehler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. Rauter</u> ADDRESS <u>Owensville, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</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) _____ (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>332X</u>			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>50</u> , to <u>Nov.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/8</u> , 19 <u>51</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. M. Keller</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>305 S. 2nd. Owensville, Mo.</u>		23c. DATE SIGNED <u>11/9/51</u>	
24a. BURIAL, CREMATION, REMOVAL <u>removal</u>		24b. DATE <u>11-10-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Lawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Terra Haute, Ind.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 11, 1951</u>		REGISTRAR'S SIGNATURE <u>Dorothy Hall</u> <u>363</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Winter</u> ADDRESS <u>OWENSVILLE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed Michael H N Winter

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.