

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13617

State File No.

FILED APR 16 1952

Registrar's No. 35

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046

681

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

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home California		d. STREET ADDRESS (If rural, give location) 300 S. High St.	

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3. NAME OF DECEASED (Type or Print) a. (First) Louada b. (Middle) Buster c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April. 6 1952			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 6 1879	9. AGE (In years less birthday) 72	IF UNDER 1 YEAR Months 7 Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME David Albertson	13b. MOTHER'S MAIDEN NAME Eliza Walls	14. NAME OF HUSBAND OR WIFE J.M. Buster
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME J. M. Buster ADDRESS California Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hours 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? 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 **Feb 12, 1948**, to **April 6, 1952**, that I last saw the deceased alive on **April 6, 1952**, and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Kerison Latham M.D. (Degree or title)	23b. ADDRESS California, Mo.	23c. DATE SIGNED 4-8-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/8/52	24c. NAME OF CEMETERY OR CREMATORY Eugene Cemetery	24d. LOCATION (City, town, or county) (State) Eugene Mo.
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DATE REC'D BY LOCAL REG. 4-8-52	REGISTRAR'S SIGNATURE RRP... DR 202-0	25. FUNERAL DIRECTOR'S SIGNATURE Williams Fun. Home ADDRESS California Mo
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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.....

W. E. Friedmeyer

Licensed Embalmer No. *2854*

P. O. Address *California*

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.