

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27694

State File No.

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5449 Registrar's No. 60

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

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Jackson twp</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>7 Miles s. w. Stanberry</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Mrs. Anna L.</u> b. (Middle) <u>Buholt</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13 1952</u>	
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5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 21 1887</u>		9. AGE (In years, Months, Days, Hours, Min.) <u>65</u> <u>5</u> <u>22</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of week, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Nodaway County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
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13a. FATHER'S NAME <u>Marion Clemmons</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Wells</u>		14. NAME OF HUSBAND OR WIFE <u>George Buholt</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. George Buholt Stanberry, Mo</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemorrhagic Infarction lung</u> INTERVAL BETWEEN ONSET AND DEATH			
		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.			

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) <u>4500</u>	
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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 Nov, 1951, to Aug 13, 1952, that I last saw the deceased alive on Aug 13, 1952, and that death occurred at 5 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul C. Mustelma, D.O.</u>		23b. ADDRESS <u>Stanberry Mo</u>		23c. DATE SIGNED <u>8-15-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/17/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry, MO</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 19-52</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. H. Phillips Stanberry</u>	
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MCU

NOV 28 1962

NOV 21 1962

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 _____

John H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stanhope, NJ

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.