

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

31268

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5436</u>		Registrar's No. <u>27</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>Rural Boulware Twp.</u> c. LENGTH OF STAY (In this place) <u>76 yrs</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bay, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Bay, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louisa</u>		b. (Middle) <u>Adeline</u>		c. (Last) <u>Buschmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25, 1952</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Sept. 20, 1875</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bay, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Buschmann</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Block</u>		14. NAME OF HUSBAND OR WIFE <u>***</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>***</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Amanda Buschmann</u> ADDRESS <u>Bay, 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>Carcinoma of Transverse Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
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>153X</u>		20. AUTOPSY? YES ☐ NO ☒	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2/14, 1951</u> , to <u>8/25, 1952</u> that I last saw the deceased alive on <u>8/25, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. G. J. M.D.</u>				23b. ADDRESS <u>Hermann, Missouri</u>		23c. DATE SIGNED <u>8/27/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-28-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls E. & R. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bay, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 2, 1952</u>		REGISTRAR'S SIGNATURE <u>Bartholomew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H H White</u>		ADDRESS <u>OWEN, MISSOURI</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 M

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melvin J. Winters

Licensed Embalmer No. 383 F

P. O. Address OWENSVILLE

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.