

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38066**
Registrar's No. **294**

FILED DEC 8 1952

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

264
2

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

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 20 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 264		d. STREET ADDRESS (If rural, give location) 308 - Montana
d. FULL NAME OF HOSPITAL OR INSTITUTION County Jail			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Herman c. (Last) Buschmann			4. DATE OF DEATH (Month) (Day) (Year) Dec. 2-1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 11-1901	9. AGE (In years last birthday) 51	10. UNDER 12 MONTHS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Vienna, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joe Buschmann		13b. MOTHER'S MAIDEN NAME Bernadine Keuthen		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME John Buschmann - J.C. No ADDRESS _____		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crown Thrombosis ANTECEDENT CAUSES acute alcoholism 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.			INTERVAL BETWEEN ONSET AND DEATH
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? As Barber		
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at at 5 AM , from the causes and on the date stated above.					
23a. SIGNATURE J. Bruce MD (Deceased's title)			23b. ADDRESS Jefferson City		23c. DATE SIGNED 12/3/52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Dec. 5 1952	24c. NAME OF CEMETERY OR CREMATOR Recreation	24d. LOCATION (City, town, or county) (State) Cole County Mo		
DATE REC'D BY LOCAL REG. Dec 3-1952	REGISTRAR'S SIGNATURE R. P. Darrin MD		25. FUNERAL DIRECTOR'S SIGNATURE Lamar Ann - 710. Jeff ADDRESS _____		

Bruce

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

L. H. Anderson

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City 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.