

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6907

681 0

FILED FEB 18 1953

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Monteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Monteau</u>	
b. CITY OR TOWN <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural</u> <u>Walter</u> <u>06807</u>	
c. LENGTH OF STAY (in this place) <u>6 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. south of California</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lathan Sanatorium</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>August</u> c. (Last) <u>BUEKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 13, 1868</u>
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>3</u>	11. DAYS <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>stock & grain</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Christopher</u>		13b. MOTHER'S MAIDEN NAME <u>Conradine Howell</u>	14. NAME OF HUSBAND OR WIFE <u>Morris E Oesterly</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edwin Biers</u> ADDRESS <u>California, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</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. <u>Fractured legs</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <u>Dec 15</u> , 19 <u>52</u> , to <u>Jan 31</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 31</u> , 19 <u>53</u> , and that death occurred at <u>4 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Kenyon Latham, M.D.</u>		23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>2-2-53</u>
24a. BURIAL/CREMATION/REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>	24d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2/2, 53</u>	REGISTRAR'S SIGNATURE <u>W. P. Pappas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>	ADDRESS <u>California, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 24 1959

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.....

A. E. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. *2351*

P. O. Address *California, 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.