

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13299**  
Registrar's No. **531**

FILED MAY 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Washington Twsp.</b>	
c. LENGTH OF STAY (in this place) <b>63 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>RR #1, St. Joseph.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Metho. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELISE</b> b. (Middle) _____ c. (Last) <b>BUEHLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 30, 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>March 6, 1874</b>		9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (State or foreign country) <b>Switzerland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Jacob Krebs</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>John Buehler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Henry Buehler, RR #7, St. Joseph, Mo</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unk.</b>	
		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		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) 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 **April 13, 53**, to **April 30, 1953**, that I last saw the deceased alive on **April 29, 1953**, and that death occurred at **8:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Gustav A. Rau</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Kirkpatrick Bldg., City</b>		23c. DATE SIGNED <b>5-2-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>May 4, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>May 9, 1953</b>		REGISTRAR'S SIGNATURE <b>Ester M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>St. Joseph, Mo.</b>	
---	--	---	--	---	--

1954 FEB 9 6 833

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 Edward E. Harrington

Licensed Embalmer No. 3288 Md.

P. O. Address St. Joseph, Md.

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.