

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**15170**

State File No. ....

**FILED APR 21 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **42**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Perry</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Perryville, Mo.</b>	c. LENGTH OF STAY (in this place) <b>3 wks.</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN <b>Perryville</b>		a. STATE <b>Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perry Co. Memorial Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>227 W. Ganahl</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Joseph</b>	b. (Middle)	c. (Last) <b>Buehler</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 12, 1953</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 16, 1866</b>	<b>9. AGE</b> (In years last birthday) <b>86</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 4 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Butcher</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Ste. Genevieve Co., Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>Charles Buehler</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Pauline Graff</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Wilhelmina Buehler</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Sanford Buehler</b>		<b>ADDRESS</b> <b>Perryville, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>7 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Thrombosis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Fracture, neck of femur 22 days</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>E9040</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>079 20</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Accident</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Perryville, Perry, Mo</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>March 22 538 p.m.</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>Fell to floor</b>

**22. I hereby certify that I attended the deceased from 23 March 53 to 12 April 1953 that I last saw the deceased alive on 12 April, 1953 and that death occurred at 3:42 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>J. Grayson, MD</b>	(Degree or title)	<b>23b. ADDRESS</b> <b>Perryville, Mo</b>	<b>23c. DATE SIGNED</b> <b>APR 14 1953</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>April 14, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Boniface Cem.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Perryville, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>4-14-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Joseph Zellner</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Young &amp; Sons</b>	<b>ADDRESS</b> <b>Perryville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0791

JUN 4 1954

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 .....  
Signature of Student Embalmer .

Signed *Edward G. Young* .....

Licensed Embalmer No. *2138*

P. O. Address *Perryville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.