

FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21233

BIRTH NO. _____		REG. DIST. NO. 1000		PRIMARY REG. DIST. NO. 5436		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boulware Twp. c. LENGTH OF STAY (In this place) lifetime				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boulware Twp. 0370					
d. FULL NAME OF HOSPITAL OR INSTITUTION Bay, Mo.				d. STREET ADDRESS (If rural, give location) Bay, Mo.					
3. NAME OF DECEASED (Type or Print) Frank John Henry Buschmann		a. (First)		b. (Middle)		c. (Last)			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 10, 1886			
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 12 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) Bay, Mo. 0			
12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME George Buschmann		13b. MOTHER'S MAIDEN NAME Mary Block		14. NAME OF HUSBAND OR WIFE Elisa Koch Buschmann					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 441-10-6753		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elisa Buschmann Bay, Mo.					
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) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) Myocardial infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hr. 1 hr. 18 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4201					
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 Oct. 10, 1951, to May 5, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 10:35 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M.D. Hermann M.D.				23b. ADDRESS		23c. DATE SIGNED 5/6/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-9-1953		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery		24d. LOCATION (City, town, or county) (State) Bay, Mo.			
DATE REC'D BY LOCAL REG. JUN 22 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] N.H. Winter OWENSVILLE					

(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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Melford H. H. Winter

Licensed Embalmer No. 3836

P. O. Address OWEN SULLY

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.