

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27855

FILED AUG 31 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5124</u>		Registrar's No. <u>916</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Bloomington Twp.</u>		c. LENGTH OF STAY (In this place) <u>most of life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Bloomington Twp.</u>		0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles S. E. of DeKalb, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles S. E. of DeKalb, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u>		b. (Middle) <u>Paul</u>		c. (Last) <u>Buthman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 22, 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>December 24, 1890</u>	
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
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>farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Buthman</u>		13b. MOTHER'S MAIDEN NAME <u>Wina Schwarz</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Gertrude</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>W. W. I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary G. Buthman, DeKalb, Missouri</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>				<u>1 day</u>	
		ANTECEDENT CAUSES					
		DUE TO (b) _____					
		DUE TO (c) <u>Man died suddenly at</u>					
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death: <u>his home, without a history of recent illness or disability.</u>				<u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Man has had some attack of pain in his chest and</u>				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) _____		<u>[shortness of breath.]</u>	
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 _____			
22. I hereby certify that I <u>viewed</u> the deceased from <u>on 8/22, 1953</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. F. Mundy, M.D. (Coroner)</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>8-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/25/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>DeKalb, Missouri</u>	
DATE REC'D BY LOCAL REG <u>Aug 27, 1953</u>		REGISTRAR'S SIGNATURE <u>Robert M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 3 1953

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 *W E Johnston*

Licensed Embalmer No. *4791*

P. O. Address *319 So 10 St. Joseph, 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.