

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3587 State File No. 39506
REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5587- Registrar's No. 242

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jasper</i>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Sarcasie Twp</i>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Sarcasie Twp</i>	
c. LENGTH OF STAY (if this place) <i>Life</i>		d. STREET ADDRESS (if rural, give location) <i>P.O. Sarcasie Mo 0490</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home Hwy 166</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>McKinley</i> c. (Last) <i>Bucher</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>11-12-53</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7-24-1895</i>
9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min. <i>58</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>✓</i>
11. BIRTHPLACE (City and State or Foreign Country) <i>Sarcasie Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>✓</i>	
13a. FATHER'S NAME <i>Louis Bucher</i>		13b. MOTHER'S MAIDEN NAME <i>Maryann Vogel</i>	
14. NAME OF HUSBAND OR WIFE <i>Fern Bucher</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes WW I</i>		16. SOCIAL SECURITY NO. <i>489-24-6922</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Fern Bucher</i>		ADDRESS <i>Sarcasie Mo</i>	
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) <i>Gunshot wounds chest - heart, lung wounds</i> ANTECEDENT CAUSES <i>shot lungs.</i> DUE TO (b) _____ DUE TO (c) <i>party or parties unknown.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>(Cancer's lung cancer)</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>E981 X</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Non-suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Jasper Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>11 12 23 12 AM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>that by unknown assault</i>			
22. I hereby certify that I attended the deceased from <i>and was not signed</i> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>11:30 AM</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Walter H. ...</i>		23b. ADDRESS <i>1200 W. ...</i>	
23c. DATE SIGNED <i>11-28-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11-17-53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Sarcasie Cem</i>		24d. LOCATION (City, town, or county) (State) <i>Sarcasie Mo</i>	
DATE REC'D BY LOCAL REG. <i>12-1-53</i>		REGISTRAR'S SIGNATURE <i>Lloyd B. Clinton</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Jackson & Sons</i>		ADDRESS <i>Sarcasie Mo</i>	

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

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RECEIVED DEC 8 1953

Jasper County Health Office

County File Number 53-12-980

Date Filed DEC 9 1953

JAN 12 1954

DEC 11 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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcayie 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.