

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21895

State File No.

No. 100
10-48

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 49

1090

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

1. PLACE OF DEATH a. COUNTY Warren, Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Montgomery Co.	
b. CITY OR TOWN Warrenton, Mo.		c. CITY OR TOWN New Florence, Mo.	
c. LENGTH OF STAY (In this place) 18 M		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home		e. STREET ADDRESS (If rural, give location) Rural Near Big Spring, Mo. 0700	

3. NAME OF DECEASED (Type or Print) Henry Buecker			4. DATE OF DEATH (Month) (Day) (Year) 6 - 25 - 1954		
a. (First)	b. (Middle)		c. (Last)		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb-8-1866		9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Farmer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Rhineland, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Theodore Buecker		13b. MOTHER'S MAIDEN NAME Nellie Wendring		14. NAME OF HUSBAND OR WIFE Magdalena Buecker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. xx		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Greue New Florence Mo	

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)		Chronic Myocarditis		in	
ANTECEDENT CAUSES		DUE TO (b) Developed arteriosclerosis			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Intense Heart Fever		in	
II. OTHER SIGNIFICANT CONDITIONS		Smoking			
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)		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 Nov 2, 1952, to June 25, 1954, that I last saw the deceased alive on June 21, 1954, and that death occurred at 3:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. W. M. Hoebeck, M.D.		23b. ADDRESS Warrenton, Mo.		23c. DATE SIGNED June 26/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-28-1954		24c. NAME OF CEMETERY OR CREMATORY St. James Evangelical	
				24d. LOCATION (City, town, or county) (State) Big Spring, Mo.	

DATE REC'D BY LOCAL REG. 6-28-54		REGISTRAR'S SIGNATURE Floyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. M. Hoebeck & American	
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OCT 6 1955

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. **3375** working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *D B Baker*.....

Licensed Embalmer No. **3375**.....

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