

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29780**

FILED SEP 28 1954

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bollinger</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bollinger</u>		d. STREET ADDRESS (If rural, give location) <u>Near Lutesville 0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Lutesville</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>BUEHLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8 1954</u>	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 28, 1901</u>	
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>53 0 10</u>		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		11. BIRTHPLACE (State or foreign country) <u>Glen Allen, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Buehler</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Stamm</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Buehler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-14-9685</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alma Buehler</u>		ADDRESS <u>Lutesville, Mo.</u>	
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) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES ☐ NO ☒			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Dead 9/8/54</u> , and that death occurred at <u>9 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Myers D.O.</u>				23b. ADDRESS <u>Lutesville Mo</u>		23c. DATE SIGNED <u>9/10/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept. 16, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baker Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 16, 1954</u>		REGISTRAR'S SIGNATURE <u>Leahie Harbinger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u>		ADDRESS <u>Lutesville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0090
1

SEP 28 1933

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

A. J. Baber

Licensed Embalmer No. 3573

P. O. Address

Lutesville, 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.