

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4278

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 74

264
0

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | |
| c. LENGTH OF STAY (In this place) <u>life</u> | | d. STREET ADDRESS (If rural, give location) <u>906 St. Marys Hospital Blvd.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u> | | | |

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|--|--|-------------|---|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>William Theodore Buehrle</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1955</u> | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

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|--------------------|-------------------------------|---|---------------------------------------|---|--|--------------------------------------|
| 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>April 7, 1901</u> | 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|--|--------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Fred Buehrle</u> | 13b. MOTHER'S MAIDEN NAME <u>Bertha Langerhans</u> | 14. NAME OF HUSBAND OR WIFE <u>Lorraine Buehrle</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lorraine Buehrle</u> | ADDRESS <u>Jefferson City, Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> | | <u>7 yrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) _____ | | <u>not known</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Cerebral Thrombosis</u> | |

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|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4/3 X</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|---|--|

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|--|--|---|
| 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) |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 2-14-, 1955, to 3-8-, 1955, that I last saw the deceased alive on 3-8-, 1955, and that death occurred at 3:30p m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Earl J. Loyd, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Jeff. City, Mo.</u> | 23c. DATE SIGNED <u>3-9-55</u> |
|--|-------------------------------------|--------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>March 10, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>March 9-55</u> | REGISTRAR'S SIGNATURE <u>R.P. Dorris MD-MR</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u> | ADDRESS <u>Jefferson City Mo</u> |
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APR 27 1955

MAY 9 1955

MAR 14 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. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Oscar Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.