

FILED APR 15 1955

STANDARD CERTIFICATE OF DEATH

7651

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5303 Registrar's No. 121

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>r2 Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>10 Yrs</u>	c. CITY OR TOWN <u>Jefferson City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jefferson Township</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>Jefferson Township</u>		e. STREET ADDRESS (If rural, give location) <u>Rural 2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BERNADINE</u>	b. (Middle) <u>BUSCHMANN</u>	c. (Last) <u>BUSCHMANN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 8, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>About 77 Years old</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Westphalia, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Paul Loethen</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Buschmann</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anton Buschmann</u>	ADDRESS <u>J. C. 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, asthma, 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>Pulmonary edema</u>		<u>2 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Congestive heart failure</u>		<u>1 Mo</u>
DUE TO (c) <u>Arteriosclerotic heart disease</u>		<u>7 or 5 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition; abdominal tumor</u>		<u>2 yr.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 1952, to Apr 8, 1955, that I last saw the deceased alive on March 29, 1955, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>William A Cox MD</u> (Degree or title)	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>Apr 11/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/11/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Cecelia</u>	24d. LOCATION (City, town, or county) (State) <u>Meta, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 12-1955</u>	REGISTRAR'S SIGNATURE <u>R. P. Norris MD-PA</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Duell</u>	ADDRESS <u>J. C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed..... *Sylvester D. Quill*
Licensed Embalmer No. 43
P. O. Address *Jefferson*

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.