

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9052

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> OR TOWN <u>0X04</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> 0		c. LENGTH OF STAY (in this place) <u>9 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1926 East 16th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chester</u> b. (Middle) <u>Lee</u> c. (Last) <u>Bucher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 1955</u>				
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>March 28 1907</u>	
9. AGE (In years last birthday) <u>47</u>		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>Homes</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lamoni Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Dr Willard F. Bucher</u>		13b. MOTHER'S MAIDEN NAME <u>Olive Nye</u>		14. NAME OF HUSBAND OR WIFE <u>Reba Bucher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World war II</u>		16. SOCIAL SECURITY NO. <u>079-05-4579</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Reba Bucher</u>		ADDRESS <u>Sedalia</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Carcinoma of Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic into Kidney</u> DUE TO (c) <u>Metastatic to D. Q. tract</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>155X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>1 "</u> <u>1 "</u>
19a. DATE OF OPERATION <u>2-19-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Primary Carcinoma of liver - Metastatic to D. Q. Tract</u>					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) (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 <u>2-19</u> , 19 <u>55</u> , to <u>3-16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-14</u> , 19 <u>55</u> , and that death occurred at <u>4:50 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>D.O. Woodland Hosp. Sedalia</u>		23c. DATE SIGNED <u>3-17-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Goshland cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-21-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M^cLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1914 215 8282

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 K.P.M. Leary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.