

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21384

State File No.

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY <u>Cane Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cane Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u> 092/	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>714 Mitchell St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) _____ c. (Last) <u>Buchart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 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>Aug. 16, 1883</u>		9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR: Months <u>11</u> Days <u>12</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taylor</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Krokow, Poland</u> 4
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown, Waldner</u>		14. NAME OF HUSBAND OR WIFE <u>Margie Buchart</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margie Buchart, New Madrid, Mo.</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture, compound, femur</u> ANTECEDENT CAUSES <u>Fracture, compound, elbow</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chest injury</u> DUE TO (c) <u>Hemorrhage with irreversibl. shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8-10 hrs</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

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 28 July, 1955, to 28 July, 1955, that I last saw the deceased alive on 28 July, 1955 and that death occurred at 5 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Washburn, M.D.</u> (Degree or title)		23b. ADDRESS <u>Cane Girardeau Mo.</u>		23c. DATE SIGNED <u>4 Aug 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July, 30, 55</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Evergreen Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>8-8-55</u>		REGISTRAR'S SIGNATURE <u>T. C. Summers</u> 44-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert's Undertaking</u> ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILE 1
1033

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 James H. Roberts

Licensed Embalmer No. 4886

P. O. Address New Market, Md.

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.