

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23153**

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3052		Registrar's No. 148	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY OR TOWN Rolla		c. LENGTH OF STAY (in this place) 3 months		c. CITY OR TOWN Rolla		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 106 N. Main Street				STREET ADDRESS (If rural, give location) 106 N. Main Street			
3. NAME OF DECEASED (Type or Print)		a. (First) WALTER		b. (Middle) CONRAD		c. (Last) BUDDEMEYER	
4. DATE OF DEATH		(Month) August		(Day) 3,		(Year) 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH March 19, 1896	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler		10b. KIND OF BUSINESS OR INDUSTRY Merchant		11. BIRTHPLACE (City and State or Foreign Country) Owensville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. Buddemeyer		13b. MOTHER'S MAIDEN NAME Caroline Koch		14. NAME OF HUSBAND OR WIFE Gladys, dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 1		17. INFORMANT'S SIGNATURE OR NAME Walter A. Buddemeyer		ADDRESS Rolla, Mo.	
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) Massive Pulmonary Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause not known DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Vague Heart Condition with Chronic Passive Cong.				INTERVAL BETWEEN ONSET AND DEATH 20 Min.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7831				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 3 AUG 1955 to 3 AUG 1955 , that I last saw the deceased alive on 3 AUG 1955 , and that death occurred at 2:22 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE R.V. Giern		(Degree or title) MD		23b. ADDRESS Rolla Mo		23c. DATE SIGNED 4 Aug 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 5, 1955		24c. NAME OF CEMETERY OR CREMATORY Jakes Prairie Cemetery		24d. LOCATION (City, town, or county) (State) Crawford County, Mo.	
DATE REC'D BY LOCAL REG. Aug 5, 1955		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		ADDRESS Rolla, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelos County Health Officer.

County File Number 188

Date Filed Aug 9, 1955

AUG 10 1955

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Paul E. New

Licensed Embalmer No. 449

P. O. Address Rolla,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.