

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 31 1955

 BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1125

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		e. STREET ADDRESS (If rural, give location) <u>920 Green Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Osteo. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADOLPH</u>		b. (Middle) <u>O.</u>	
		c. (Last) <u>BUECHLE</u>	
		4. DATE OF DEATH <u>October 19, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Jan. 24, 1889</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR <u>Days</u>	IF UNDER 24 HRS. <u>Hours</u> <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm (Gen.)</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jacob J. Buechle</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Schwader</u>	
		14. NAME OF HUSBAND OR WIFE <u>None</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>491-24-5230</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>E. V. Kirkpatrick, Jr., St. Joseph, Mo.</u>	
		ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u>			?
DUE TO (c) <u>Chronic Nephritis</u>			?
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>			
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) (m.)		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>Oct 15, 1955</u> , to <u>Oct 19, 1955</u> , that I last saw the deceased alive on <u>Oct 18, 1955</u> , and that death occurred at <u>12:10 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. L. Steadley D.O.</u>		23b. ADDRESS <u>801 1/2 Francis St., St. Joseph, Mo.</u>	
		23c. DATE SIGNED <u>10-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 21, 1955</u>	
		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 26, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u>	
		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Raymond W. Hatcher

Licensed Embalmer No...441

P. O. Address.....
St. Joseph

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.