

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15869**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 159		
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE				
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON CITY		c. LENGTH OF STAY (In this place) 1 Day		c. CITY OR TOWN JEFFERSON CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. MARNS HOSPITAL				• STREET ADDRESS (If rural, give location) 2012 LOWELL DR.				
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL			b. (Middle) ROBERT		c. (Last) BUERSMEYER		4. DATE OF DEATH (Month) 17 (Day) 18 (Year) 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 6, 1897	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 11 Days 12	IF UNDER 24 HRS. Hours 11 Min. 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Banker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Thomas, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Bernard Buersmeyer			13b. MOTHER'S MAIDEN NAME Elizabeth Kaetzner		14. NAME OF HUSBAND OR WIFE Elizabeth Sommers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 497-16-3228		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elizabeth Buersmeyer J. C. 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* Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive cardio Vascular disease DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x					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) (Minute)		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 May 21, 1956 , to May 17, 1956 , that I last saw the deceased alive on May 17, 1956 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE D. Osseman MD				(Degree or title) MD		23b. ADDRESS Jeff. City - Mo		
23c. DATE SIGNED 5-19-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/21/56		24c. NAME OF CEMETERY OR CREMATORY Resurrection		
24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		DATE REC'D BY LOCAL REG. 21 May 1956		REGISTRAR'S SIGNATURE R.P. Harris MD - MR.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sylvester Dully J. C. MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JUL 23 1956

JAN 15 1956

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 Dulle*

Licensed Embalmer No. *430*

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.