

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16191

State File No.

No. 300
10-48

FILED JUN 12 1956

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|--|-------------------------------|--|---|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>140</u> | | PRIMARY REG. DIST. NO. <u>4229</u> | | Registrar's No. <u>48</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Howard</u> <u>0450</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> <u>0450</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>New Franklin</u> | | c. LENGTH OF STAY (in this place) <u>3</u> years | | c. CITY OR TOWN <u>New Franklin</u> | | 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 <u>At home.</u> | | | | e. STREET ADDRESS (If rural, give location) ----- | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lizzie</u> | | | b. (Middle) <u>Brewe</u> | | c. (Last) <u>Buschmeyer</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1956</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>December 20 1872</u> | | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Marthasville, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Henry Brewe</u> | | 13b. MOTHER'S MAIDEN NAME <u>Charlotte Heckman</u> | | 14. NAME OF HUSBAND OR WIFE <u>W. J. Buschmeyer</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Laura Dodson, New Franklin, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular Disease</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u> | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | <u>4221</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) 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>Jan 18 1933</u> , 19___, to <u>4-29-56</u> , 19___, that I last saw the deceased alive on <u>4-18-56</u> , 19___, and that death occurred at <u>5:02 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>B. M. Stuart, M.D.</u> | | | | 23b. ADDRESS <u>329 Main; Boonville Mo</u> | | 23c. DATE SIGNED <u>5-1-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 2 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u> | | 24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u> | | |
| DATE REC'D BY LOCAL REG. <u>5-2-56</u> | | REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

436

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 *G. F. Boller*.....

Licensed Embalmer No. 3062

P. O. Address Boonville, M

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.