

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42384**

FILED DEC 24 1956

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5934		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Pettis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Sedalia		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4 Miles West on Main St Rd				e. STREET ADDRESS (If rural, give location) 4 Miles West of Sedalia on Main St. Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) NELLIE			b. (Middle)			c. (Last) BUCHHOLZ	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1956		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 6, 1883		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Cole Camp, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jordan Shell			13b. MOTHER'S MAIDEN NAME Margaret Miller			14. NAME OF HUSBAND OR WIFE Herman Buchholz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Buchholz, Sedalia, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction				3 days	
		ANTECEDENT CAUSES (b) Hypertensive cardiovascular disease				many years	
		DUE TO (c)					
		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 4201				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 7 AM , 1956, to 15 Dec , 1956, that I last saw the deceased alive on 15 Dec , 1956, and that death occurred at 4:10 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Norval C. Tantor M.D.				23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 17 Dec 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 18, 1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 12/18/56		REGISTRAR'S SIGNATURE Theresa Cooney, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS OU Heckbert, Sedalia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

25/8

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..... *Russell C. Maag*

Licensed Embalmer No. *480*

P. O. Address *Sedalia, Mo.*

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.