

FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44440**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **193**

1. PLACE OF DEATH a. COUNTY <b>Sali ne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural-Marshall Twp.</b> )		c. LENGTH OF STAY (in this place) <b>12 yrs.</b>	c. CITY OR TOWN <b>St. Charles</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State Schoo 1</b>		STREET ADDRESS (If rural, give location) <b>2058 North Main</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gene</b> b. (Middle) <b>Raymond</b> c. (Last) <b>Buschdiecker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 9, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Feb. 3, 1937</b>
9. AGE (In years last birthday) <b>19</b> IF UNDER 1 YEAR Months <b>10</b> Days <b>6</b> IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles, Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Never employed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Charles H. Buschdiecker</b>		13b. MOTHER'S MAIDEN NAME <b>Melissa Coose</b>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>State School Records</b> ADDRESS <b>Marshall, Mo.</b>
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) <b>Coronary Artery</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congenital Heart Dis., artery</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Admit</b>	
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 <b>Sept</b> , 19 <b>55</b> , to <b>Dec</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Nov 2</b> , 19 <b>56</b> , and that death occurred at <b>4:20 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Mary E. Roberts M.D.</b>		23b. ADDRESS (Degree or title) <b>Marshall, Mo</b>	23c. DATE SIGNED <b>11/10/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec. 13, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Charles, Missouri</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b> ADDRESS <b>MARSHALL, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Dec. 11-56</b>		REGISTRAR'S SIGNATURE <b>Cecil G. Read</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
0.48

2

29  
0

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.....  
*James H. Lewis, Jr.*  
Licensed Embalmer No. 4799

P. O. Address *Marshall,*

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.