

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8185

State File No.

No. 300
10-48

FILED MAR 25 1957

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>WASHINGTON</u>		c. LENGTH OF STAY (If this place township) <u>1 day</u>		c. CITY OR TOWN <u>WASHINGTON</u> <u>03610</u>		d. Is 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 <u>ST. FRANCIS HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>R.R.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATIE</u>		b. (Middle)		c. (Last) <u>BUETTNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 19 1957</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>JAN. 11 1869</u>		9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> <u>UNION, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CASPER HY. POHLMAN</u>		13b. MOTHER'S MAIDEN NAME <u>ELISA PETRING</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN HY. BUETTNER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EDWIN VAN LEER UNION, MO.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cerebrovascular Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u> <u>6 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? <input type="checkbox"/> 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)		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>5-4</u> <u>1954</u> , to <u>3-19</u> , 1957, that I last saw the deceased alive on <u>3-19</u> , 1957, and that death occurred at <u>10:20 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>H. A. Stehmann</u> (Degree or title) <u>H.D.</u>				23b. ADDRESS <u>Union, MO</u>		23c. DATE SIGNED <u>5-24-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/22/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN E&R CEMETERY UNION, FRANKLIN, MO.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>3/2/57</u>		REGISTRAR'S SIGNATURE <u>H. A. Stehmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Ottmann Funeral Home Union, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

79-

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 *Ralph Ottmann*.....

Licensed Embalmer No. *480*.....

P. O. Address *Union, 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.