

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018636  
STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 222

|   |                               |  |  |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                               | c. CITY (OR TOWN) <b>Kansas City, Mo.</b><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                           |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INDEP. HOSP. <b>Indep. Hosp.</b><br>Length of stay in 1b <b>6 days</b>  |                               | d. STREET ADDRESS <b>206 S. Cedar</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                              |  |
| 3. NAME OF DECEASED (Type or print) First <b>MR. OTTO</b> Middle <b>ALBERT</b> Last <b>BUDDEMEYER</b>   |                               |  | 4. DATE OF DEATH Month <b>May</b> Day <b>15</b> Year <b>1958</b>                   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Mar. 24, 1872</b>  |
| 9. AGE (In years last birthday) <b>86</b>   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Milwaukee Railroadman</b>                          | 11. BIRTHPLACE (City and state or country) <b>Gasconade Co., Mo.</b>               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |
| 13a. FATHER'S NAME <b>Hohn H. Buddemeyer</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   | 14. NAME OF HUSBAND OR WIFE <b>--</b>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |                               | 16. SOCIAL SECURITY NO. <b>None</b>  | 17. INFORMANT Address <b>Mrs. Henry Kemp, 905 S. Cedar.</b>                        |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)<br>PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Acute cholecystitis</b><br>DUE TO (b) <b>Coronary Sclerosis</b><br>DUE TO (c) <b>Hypostatic Pneumonia</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senile</b> |                               |  | INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b><br><b>5 years</b><br><b>6 days.</b> |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                               | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                               | 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 20f. CITY, TOWN, OR LOCATION  |                               | COUNTY STATE   |  |
| 21. I attended the deceased from <b>5/9/58</b> to <b>5/15/58</b> and last saw him alive on <b>5/15/58</b><br>Death occurred at <b>about 10 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |                               | 22a. SIGNATURE (Deedee or title) <b>Fred W. Hubert, D.P.O. 1029 Independence, Mo.</b>  |  |
| 22b. ADDRESS <b>Independence, Mo.</b>   |                               | 22c. DATE SIGNED <b>5/16/58</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |                               | 23b. DATE  |  |
| 23c. NAME OF CEMETERY OR CREMATORY  |                               | 23d. LOCATION (City, town, or county) (State)  |  |
| <b>Burial</b>   |                               | <b>May 17, 1958 Mt. Washington K.C., Mo.</b>   |  |
| 24. FUNERAL DIRECTOR ADDRESS <b>Ott &amp; Mitchell Indep., Mo.</b>  |                               | 25. DATE RECD. BY LOCAL REG. <b>5-17-58</b>  |  |
| 26. REGISTRAR'S SIGNATURE <b>Fred W. Hubert</b>   |                               |  |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 28 1958

MAY 29 1958

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 *Carson T White*

Licensed Embalmer No. *4925*  
P. O. Address *Endicott, NY*

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.