

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044783  
State File No. ....

93091-58  
FILED DEC 22 1958

BIRTH MO. _____		REG. DIST. NO. <u>179</u>	PRIMARY REG. DIST. NO. <u>5667</u>	Registrar's No. <u>210</u>
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Bedford</u>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>Moscow Mills</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 HOSPITAL OR INSTITUTION <u>Lincoln Co. Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Richard</u>	b. (Middle) <u>Sylvester</u>	c. (Last) <u>Bueneman</u>
4. DATE OF DEATH		(Month) (Day) (Year) <u>December 13, 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-13-58</u>	9. AGE (In years last birthday) _____ IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Troy, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Donald Thomas Bueneman</u>		
13b. MOTHER'S MAIDEN NAME <u>Regina May Hunn</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Regina M. Buenemann</u> ADDRESS <u>Moscow Mills, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Carcin</u> ANTECEDENT CAUSES <u>Prematurity</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>1 hr</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> 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) <u>776x</u>
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>12-13</u> , 19 <u>58</u> , to <u>12-13</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1</u> , 19 <u>58</u> , and that death occurred at <u>4:15</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Leland C. Craft</u> (Degree or title) <u>D.O. 2</u>		23b. ADDRESS <u>Troy, Mo</u>		23c. DATE SIGNED <u>12-14-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/14/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Troy, Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-19-58</u>		REGISTRAR'S SIGNATURE <u>Charlotte Seek</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kemper-Marsh Funeral Home</u> ADDRESS <u>Troy, Mo.</u>

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

**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.....  
*Joseph J. Marsh*

Licensed Embalmer No. 3932.....

THIS BODY WAS NOT EMBALMED

P. O. Address...Troy, Missou...

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.