

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012879
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 115-116 Primary Registration District No. 5433 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN UNION 0360 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R.R. # 1
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARIE Middle ELIZABETH Last MATILDA BUESCHER	4. DATE OF DEATH Month APRIL Day 16 Year 1959
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 6, 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Month 7 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOUSE WORK	11. BIRTHPLACE (City and state or country) UNION MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN DETMER	13b. MOTHER'S MAIDEN NAME MARY MAUNE	14. NAME OF HUSBAND OR WIFE AUGUST BUESCHER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT ARLEAN BIRMINGHAM	Address UNION, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterial Sclerosis of the Coronary Arteries</i> DUE TO (b) <i>Chronic Nephritis</i> DUE TO (c) <i>White</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	20d. INJURY OCCURRED WHILE AT <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 UNION	COUNTY MO.	STATE MO.
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21. I attended the deceased from Death occurred at H-13-59 to 4-16-59 and last saw her alive on 4-15-59 at 12:30 P.M. on the date stated above; and to the best of my knowledge from the causes stated.
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21a. SIGNATURE <i>Charles P. Schmidt</i> (Degree or title)	21b. ADDRESS <i>Sealed No</i>	21c. DATE SIGNED 4-17-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-19-59	23c. NAME OF CEMETERY OR CREMATORY ST. JOHNS MANTELS CEM.	23d. LOCATION (City, town, or county) UNION MO.
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24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME	ADDRESS UNION, MO.	25. DATE RECD. BY LOCAL REG. 4/20/59	26. REGISTRAR'S SIGNATURE <i>R. Schmidt</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Ottman*

Licensed Embalmer No. *4808*

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.