

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010510

STATE FILE NUMBER

FILED VS APR 14 1960

Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROARK TWP		Length of stay in 1b 5mo.		c. CITY OR TOWN HERMANN		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FRENE VALLEY HOME			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) 4th MARKET STS		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last LAURA JULIA Buschmeyer				4. DATE OF DEATH Month Day Year APRIL 4 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3/20/1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker		10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (City and state or country) RAE Rhineland Mo		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME CONRAD BRANDT		13b. MOTHER'S MAIDEN NAME PAULINE MOCKEL		14. NAME OF HUSBAND OR WIFE JNO. C. Buschmeyer Sr			
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. 488-38-3411A		17. INFORMANT Address JNO. C. Buschmeyer Hermann Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease						INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension, CVA (old), Gen. arteriosclerosis						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	20a. ACCIDENT ☐	SUICIDE ☐	HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 10-17-47 to 4-4-60 and last saw her alive on 4-1-60		Death occurred at 7:30 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Carroll T. Shaw, M.D.				22b. ADDRESS Hermann, Mo.		22c. DATE SIGNED 4-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/7/1960	23c. NAME OF CEMETERY OR CREMATORY ST. JOHN STOLPE CEMETERY		23d. LOCATION (City, town, or county) (State) R-20 Hermann Mo			
24. FUNERAL DIRECTOR ADDRESS Hugo H. Blumer Hermann Mo		25. DATE RECD. BY LOCAL REG. 4-6-1960		26. REGISTRAR'S SIGNATURE Delma Uffelman			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Chas. W. Pope

Licensed Embalmer No. *2557*

P. O. Address *Herrmann*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to do so 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.