

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011468

FILED VS APR 7 1960

156 Primary Registration District No. 2001 Registrar's No. 160

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		Length of stay in 1b		c. CITY OR TOWN <b>Joplin</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1213 Montana Place</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Margaret Ann</b> Middle <b>Buehler</b> Last <b>Buehler</b>				4. DATE OF DEATH Month <b>March</b> Day <b>29</b> Year <b>1960</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3-29-60</b>	9. AGE (last birthday) IF UNDER 1 YEAR Months <b>8</b> Days <b>1</b>	IF UNDER 24 HR Hours <b>8</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (City and state or country) <b>Joplin, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A</b>	
13a. FATHER'S NAME <b>Leonard Eugene Buehler</b>			13b. MOTHER'S MAIDEN NAME <b>Olive Ann Eppley</b>		14. NAME OF HUSBAND OR WIFE <b>Infant-none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Infant</b>			16. SOCIAL SECURITY NO. -----	17. INFORMANT <b>August Buehler, Aurora, Mo</b>			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Immaturity</b> DUE TO (b) <b>Pre-Viable Twins, 5 1/2 mo's gestation</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input 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 _____ a.m. _____ p.m. Month, Day, Year _____							
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>birth 7:30 A.M.</b> to <b>4:30 P.M.</b> , and last saw her/him alive on <b>Mar. 29, 1960</b> Death occurred at <b>4:30 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>J. B. ... M.D.</b>				22b. ADDRESS <b>114 W. 32nd. St. Joplin</b>		22c. DATE SIGNED <b>3-30-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>3-30-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cem. Aurora, Mo</b>		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR <b>Marsh Funeral Home, Aurora, Mo</b>				25. DATE RECEIVED LOCAL REG. <b>3-31-1960</b>		26. REGISTRAR'S SIGNATURE <b>Dore Merriman</b>	

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 Melvin C. Garrett, Student Embalmer No. 665

working under my personal supervision.

Student Melvin C. Garrett  
Signature of Student Embalmer

Signed Orson L. Marsh

Licensed Embalmer No. 3812

P. O. Address Amers

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