

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017036

STATE FILE NUMBER

Registration District No. 119

Primary Registration District No. 5436

Registrar's No. 26

AMENDED

FILED JUN 5 1961

DATE AMENDED

INSIDE OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boulware Twp.		Length of stay in lb 8 yrs.		c. CITY OR TOWN Hermann		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Route		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Arnold Middle Frederick Last Buschmann				4. DATE OF DEATH Month May Day 21 Year 1961			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-27-1916	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Hermann, Mo. Rt.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Frank Buschmann		13b. MOTHER'S MAIDEN NAME Elisa Koch		14. NAME OF HUSBAND OR WIFE Arline Loyd Buschmann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW II		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Arline Buschmann Address 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) Acute Myocardial Infarction DUE TO (b) Anteriorly located Coronary Artery Disease DUE TO (c) Coronary Artery Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 1 day 1 yr.	
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 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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 July 1960 to May 24, 1961 and last saw him alive on May 16, 1961 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE L. B. Uffelman (Deceased or title)				22b. ADDRESS Jefferson City, Mo.		22c. DATE SIGNED 5-22-61 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-24-1961	23c. NAME OF CEMETERY OR CREMATOR St. Pauls E & R Cem.		23d. LOCATION (City, town, or county) Bay, Mo.			
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home Milford H N Winter (Licensed Embalmer's Statement on Reverse Side)		ADDRESS Owensville, Mo.		25. DATE RECD. BY LOCAL REG. 5-23-61		26. REGISTRAR'S SIGNATURE Delma Uffelman	

(Licensed Embalmer's Statement on Reverse Side)

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1961 9 JUN

1961 08 JUN

MAY 18 1962

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 JERRY A. Thompson, Student Embalmer No. 624
working under my personal supervision.

Student Jerry A. Thompson
Signature of Student Embalmer

Signed Milford H. White

Licensed Embalmer No. 3838

P. O. Address OWENSU

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.