MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-005438
STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 4036 Registrar's No. 41

FILED FEB 26 1962

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill — Length of stay in 1b: 10 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 207 East Pine St — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN Rich Hill — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 207 East Pine St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ARNOLD Middle FREDRICK Last BUHR
4. DATE OF DEATH: Month February Day 17 Year 1962
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/6/71
9. AGE (last birthday): 90 — IF UNDER 1 YEAR: Months 11 Days 11 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer (retired)
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and state or country): Stathagen, Germany
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henrich Buhr
13b. MOTHER'S MAIDEN NAME: Thersia Jesora
14. NAME OF HUSBAND OR WIFE: Caroline Buhr
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: Mrs. Arnold Buhr — Address: 207 East Pine St. Rich Hill, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 2 Mo
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)
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 June 20 1961, to Feb 17 1962 and last saw him alive on Feb 17 1962
Death occurred at 6 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) 22b. ADDRESS [illegible] 22c. DATE SIGNED Feb 19 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/19/62
23c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Rich Hill, Missouri
24. FUNERAL DIRECTOR: Booth Funeral Service — ADDRESS: Rich Hill, Mo.
25. DATE RECD. BY LOCAL REG.: 2-19-62
26. REGISTRAR'S SIGNATURE: Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAR 13 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 _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Bartles 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.