

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005478
STATE FILE NUMBER

AMENDED

Registration District No. 032

Primary Registration District No. _____

Registrar's No. 18

FILED FEB 27 1962

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marble Hill</u>		c. CITY OR TOWN <u>Near Glen Allen</u>	
Length of stay in lb <u>Life Time</u>		Inside Limits ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Police</u> <u>Doctors Office</u>		d. STREET ADDRESS (If outside, give location) <u>None</u>	
Yes ☒ No ☐		Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print) First <u>Lola</u> Middle <u>Marie</u> Last <u>Buehler</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>17</u> Year <u>1962</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Nov 19 '09</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wayne Co., Mo.</u>		
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>S.G. Page</u>			13b. MOTHER'S MAIDEN NAME <u>Rada B. Miller</u>		
14. NAME OF HUSBAND OR WIFE <u>Utah Buehler</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT <u>Utah Buehler, Glen Allen, Mo.</u>			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) <u>Cerebrovascular accident</u> DUE TO (b) <u>Severe hypertension uncontrolled</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u>
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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u>Sudden death during dinner test by State Police</u>	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.) <u>Marble Hill Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Marble Hill Mo.</u>	

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>120 pm. (afternoon)</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>James J. Huddleston M.D.</u>		22b. ADDRESS <u>Lutesville Mo</u>		22c. DATE SIGNED <u>2-20-62</u>	
--	--	---	--	--------------------------------------	--	------------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 20, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Glen Allen Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Glen Allen, Missouri</u>	
24. FUNERAL DIRECTOR <u>Baker Funeral Home</u>				ADDRESS <u>Lutesville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/23/62</u>	
				26. REGISTRAR'S SIGNATURE <u>Miss Buford Crader</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 Edward A. Graham, Student Embalmer No. 645

working under my personal supervision.

Student

Edward A. Graham
Signature of Student Embalmer

Signed

J. E. Graham

Licensed Embalmer No. 4010

P.O. Address

Louisville, 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.