

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010417

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 118Primary Registration District No. 4188Registrar's No. 9

STATE FILE NUMBER

FILED MAR 26 1962

## 1. PLACE OF DEATH

a. COUNTY Gasconadeb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN OwensvilleLength of stay in lb  
lifetimec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION ResidenceInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Gasconadec. CITY  
OR  
TOWN OwensvilleInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Rebecca Margaretha Buschmann4. DATE  
OF  
DEATH March 18, 1962

## 5. SEX

female

## 6. COLOR OR RACE

white7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4-15-1889

## 9. AGE (last birthday)

69 72IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)retired shoe worker

## 10b. KIND OF BUSINESS OR INDUSTRY

shoe factory

## 11. BIRTHPLACE (City and state or country)

Owensville, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John K. Buschmann

## 13b. MOTHER'S MAIDEN NAME

Minnie Bock

## 14. NAME OF HUSBAND OR WIFE

none

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

no

(If yes, give year or dates of service)

## 16. SOCIAL SECURITY NO.

497-03-8888

## 17. INFORMANT

## Address

Mrs. Leslie Thien Owensville, 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)

Right HemiplegiaINTERVAL BETWEEN  
ONSET AND DEATH  
6 wks.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Hypertension7 years

## DUE TO (c)

Arteriosclerosis7 years +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 ☐ Unknown19. 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 1954 to 3-18-62 and last saw her alive on 3-18-62  
Death occurred at 2:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Rues Brand, M.D.

(Degree or title)

## 22b. ADDRESS

Owensville, Mo.

## 22c. DATE SIGNED

3-19-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)burial

## 23b. DATE

3-21-1962

## 23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

## 23d. LOCATION (City, town, or county)

Owensville, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Gottenstroeter Funeral Home  
Owensville, Mo.

## 25. DATE RECD. BY LOCAL REG.

March 20, 1962

## 26. REGISTRAR'S SIGNATURE

Mrs. Marvin Jappone

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

972694/19/62

BY AFFIDAVIT OF Funeral Director

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/591 03702 03703 24 15 067 08 29 334X101112 90-013 2-0

MAR 27 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 Jerry H. Thompson

Licensed Embalmer No. 5165

P. O. Address Quensville 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.