

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-031652

STATE FILE NUMBER

Registration District No. 382 Primary Registration District No. 5655 Registrar's No. 140

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 15 1962

VS 300
Rev. 4/59

10550
20550

3
4 1
5 1
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12 90-2
13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon			Length of stay in lb lifetime		c. CITY OR TOWN Mt. Vernon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Rte. #3				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS Rural Rte. #3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Hulda Marie Buehler						4. DATE OF DEATH Month Day Year August 10 1962					
5. SEX Female		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 1/19/1906 56		9. AGE (last birthday) IF 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) housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mt. Vernon, Mo. R.R. #3 USA		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Chris Roethemeier				13b. MOTHER'S MAIDEN NAME Emma Schnake			14. NAME OF HUSBAND OR WIFE Loren Buehler				
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.		17. INFORMANT Address Loren Buehler Mt. Vernon, 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) Inanition and Debilitation								INTERVAL BETWEEN ONSET AND DEATH 7 days 2 years			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Macroglobulinemia	
										DUE TO (c) Unknown -	
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 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 Dec 12 1960 to Aug 10 1962 and last saw her alive on Aug 10 1962 . Death occurred at 8:35 p.m. on the date stated above, and to the best of my knowledge from the causes stated.											
22a. SIGNATURE H. E. George D.O. (Degree or title)						22b. ADDRESS Mt Vernon Mo		22c. DATE SIGNED 8/11/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/13/1962		23c. NAME OF CEMETERY OR CREMATORY Zion Evangelical Cemetery		23d. LOCATION (City, town, or county) Mt. Vernon, Mo.		23e. STATE Mo.			
24. FUNERAL DIRECTOR Max L. Fossett ADDRESS Mt. Vernon, Mo.				25. DATE RECD. BY LOCAL REG. 8-12-62		26. REGISTRAR'S SIGNATURE <i>Ray Gantman</i>					

USE BLACK INK OR TYPEWRITER RIBBON

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 Max L. Fournell

Licensed Embalmer No. 4252

P. O. Address W. Vernon, 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.