MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015578

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 16

FILED MAY 7 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0371
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	INSTEAD OF	SHOULD READ	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hermann
Length of stay in 1b: 20 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): E. 12th Street
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Gasconade
c. CITY OR TOWN: Hermann
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): E. 12th Street
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First LOUIS Middle ERNEST Last BUSCHMEIER

4. DATE OF DEATH: Month April Day 26 Year 1963

5. SEX: Male

6. COLOR OR RACE: Cau.

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/20/1876

9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: 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: Gen'l Farming

11. BIRTHPLACE (City and state or country): RFD Hermann, Mo

12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: Henry Buschmeier

13b. MOTHER'S MAIDEN NAME: Caroline Gaertner

14. NAME OF HUSBAND OR WIFE: Elizabeth Buschmeier

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. John Will Address: Hermann, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary Failure	7-10 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Circulatory Collapse	10-15 min
DUE TO (c)	Cerebral Vascular Accident	6-8 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis - advanced

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 11-1-62 to 4-26-63 and last saw her alive on 4-26-63
Death occurred at 1:40 AM m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul K Rose DD.

22b. ADDRESS: 104 E 3rd Hermann, Mo.

22c. DATE SIGNED: 4-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/29/1963

23c. NAME OF CEMETERY OR CREMATORY: Hermann Cemetery

23d. LOCATION (City, town, or county) (State): Hermann Mo

24. FUNERAL DIRECTOR ADDRESS: Herman Blumer, Inc Hermann, Mo

25. DATE RECD. BY LOCAL REG.: 4-29-63

26. REGISTRAR'S SIGNATURE: Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1963

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 Oswald L. Grener

Licensed Embalmer No. 5187

P. O. Address Hermann, 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.