

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-031635

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

4213

Registrar's No.

206

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWN or TOWNSHIP only)

Montrose

Length of stay in 1b

5 yr

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

None

Inside Limits
Yes ☐ No ☐

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

a. STATE

Mo

b. COUNTY

Henry

admission)

c. CITY OR TOWN

Montrose

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS

6 M.L.S.W

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

RILLA MAUDE BUHR

4. DATE OF DEATH

Month

Day

Year

9-3-65

5. SEX

7

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-19-10

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

Hours

Min.

1

19

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)

Ta HARPE Kan.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Robison

13b. MOTHER'S MAIDEN NAME

MARTHA J. KIMREY

14. NAME OF HUSBAND OR WIFE

CARL BUHR

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

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

CARL BUHR Montrose, 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)

Acute Myocardial infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary thrombosis

DUE TO (c)

Essential Hypertension

INTERVAL BETWEEN ONSET AND DEATH

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

5:15 P.M. Sept 3 1965

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

Appleton City

COUNTY

STATE

21. I attended the deceased from July 19 1965

to now

and last saw her alive on July 27 1965

Death occurred at 6:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. H. Reed M.D.

22b. ADDRESS

Appleton City Mo.

22c. DATE SIGNED

Sept 4 1965

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9-6-65

23c. NAME OF CEMETERY OR CREMATORY

Greenlawn

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

Rich Hill, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Oscar Eckhoff Appleton City, Mo

25. DATE RECD. BY LOCAL REG.

9-7-65

26. REGISTRAR'S SIGNATURE

Mildred Beggs (MRS)

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0420

2 0420

3

4 1

5 1

6

7 1

8 2

9 420.1

10

11

12 90-0

13 1-0

SEP 22 1965
SEP 17 1965

RECEIVED

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.

Permit obtained 9-9-65

(MMS)