

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32628

BIRTH NO. 63329-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1236

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | d. STREET ADDRESS (If rural, give location) 3003 South 29th Street | |

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|---|--|---|--|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) Thomas | | a. (First) Leo | | b. (Middle) Buhman | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1950 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | | 8. DATE OF BIRTH Oct. 24, 1950 | | 9. AGE (In years last birthday) 0 IF UNDER 1 YEAR 0 MONTHS 7 DAYS IF UNDER 12 HRS. 0 MIN. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME John. R. Buhman | | 13b. MOTHER'S MAIDEN NAME Nellie Miller | | 14. NAME OF HUSBAND OR WIFE Single | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME John R. Buhman ADDRESS 3003 So. 29th St. | |

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|---|--|---|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Erythroblastosis Birth injury - cerebral? | | INTERVAL BETWEEN ONSET AND DEATH 7620 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |

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|---|--|--|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from **Birth**, 19__, to **10-31**, 19**50**, that I last saw the deceased alive on **10-31, 1950**, and that death occurred at **7 A** m., from the causes and on the date stated above.

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|--|--|--|--|---|--|
| 23a. SIGNATURE H. R. Petersen (Degree or title) MD | | 23b. ADDRESS 620 Francis | | 23c. DATE SIGNED 10-31-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov. 1, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Hurlingen, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE Carl C. Casper | | ADDRESS 1802 Union St | |
| DATE REC'D BY LOCAL REG. Nov 3, 1950 | | REGISTRAR'S SIGNATURE Carl C. Casper | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____

Emmer Thomas

Signed _____

Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph, 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 this body is not embalmed, fact should be so stated above.