

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5112

Registrar's No. 570

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5570</u>		Registrar's No. <u>570</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Buckner</u>		c. LENGTH OF STAY (in this place) _____		a. STATE <u>Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>his home</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Buckner- Rural- Ft. O'Sage TWP</u>		d. STREET ADDRESS (If rural, give location) <u>So. of Buckner 3 Miles</u>		b. COUNTY <u>Jackson</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX <u>male</u>	
a. (First) <u>Louis</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Buchholz</u>	(Month) <u>Feb.</u>	(Day) <u>5.</u>	(Year) <u>1950</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>
8. DATE OF BIRTH <u>May 10 1899</u>		9. AGE (in years last birthday) <u>50</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>on his farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Bay, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Frederich Buchholz</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Schuette</u>	
14. NAME OF HUSBAND OR WIFE (single man) _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Malinda Ahring (sister)</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		ANTECEDENT CAUSES				10 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) <u>Lobar pneumonia</u>		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS* <u>490X</u>		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 <u>Feb 2</u> , 19 <u>50</u> , to <u>Feb. 5.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 5</u> , 19 <u>50</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John L. Heisler DO</u>				23b. ADDRESS <u>Buckner, Missouri</u>		23c. DATE SIGNED <u>Feb. 6. 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb. 8. 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sibley Cemetery-</u>		24d. LOCATION (City, town, or county) (State) <u>Sibley, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 7-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Vernon M. Robert</u>		ADDRESS <u>Buckner, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 11 RECD

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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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed Demetrius M. Repent

Licensed Embalmer No. 4311

P. O. Address Buckner, 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.