

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17738**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5942** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Rolla)	c. LENGTH OF STAY (in this place) township) transient	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2 miles E. of Rolla, Hiway 66		d. STREET ADDRESS (If rural, give location) 5818 Lindenwood 1	

3. NAME OF DECEASED (Type or Print) a. (First) CLARA	b. (Middle) IRENE	c. (Last) BUCHER	4. DATE OF DEATH (Month) (Day) (Year) May 27, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25, 1897	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Merrick	13b. MOTHER'S MAIDEN NAME Ada Willis	14. NAME OF HUSBAND OR WIFE Jack R. Bucher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME C. Rex Jeans	ADDRESS Joplin, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant 5/27/50 26
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of the Spine fracture both lower limbs Internal injuries		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auto accident DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi Way 66	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3 1/2 miles E of Rolla Mo. Phelps Co.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) May 27, 1950 6:15 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto collision
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I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on May 27, 1950, and that death occurred at 6:15 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. L. Noll, M.D.	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 5/27/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 31, 1950	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) Joplin, Mo.
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DATE REC'D BY LOCAL REG. 5-29-50	REGISTRAR'S SIGNATURE Nadine L. Stocco	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Noll	ADDRESS Rolla, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

0810
37

RECEIVED

SFD 91950

Phelps County Health Officer,

County File Number _____

Date Filed June 6, 1950

MIN 9 1950

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
Student Embalmer

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.