

No. 300  
FILED JUL 24 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 24146

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>1/2 Mile East Malden</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Como</b> <b>0720</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>1/2 Mile East Malden</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 Mile East Malden</b>	

3. NAME OF DECEASED (Type or Print) <b>Katherine Buxlitner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 2 1950</b>		
5. SEX <b>F.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>	
8. DATE OF BIRTH <b>Dec, 17, 1856</b>			9. AGE (In years last birthday) <b>93</b> if UNDER 1 YEAR <b>6</b> MONTHS <b>16</b> DAYS if UNDER 24 HRS. <b>0</b> HOURS <b>0</b> MIN.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>4</b> <b>John Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>Germany</b>					

13a. FATHER'S NAME <b>Lawrence Lambrachs</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine</b>		14. NAME OF HUSBAND OR WIFE <b>Frank</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Frank Werner</b> ADDRESS <b>Malden, Mo.</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		491X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 **Jan**, 19**49**, to **July**, 19**50**, that I last saw the deceased alive on **July 2**, 19**50** and that death occurred at **12 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles Williams, M.D.</b>		23b. ADDRESS <b>Malden, Mo.</b>		23c. DATE SIGNED <b>3 July 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 5</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CATHOLIC CEMETERY CLARKSVILLE</b> (State) <b>ARK</b>	
DATE REC'D BY LOCAL REG. <b>July 15 1950</b>		REGISTRAR'S SIGNATURE <b>Dr. Scott Buxlitner M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Way General Home Malden Mo.</b> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 21 1950  
District Health Office No. 6,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

**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.....  
Student Embalmer

Signed

*J. G. Schuman*

Licensed Embalmer No. *4086*

P. O. Address

*Malden*

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.