

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26722

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 10

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Iron   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Iron |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>Rural, Iron Twsp.   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>Rural, Iron Twsp. 0470                             |  |
| c. LENGTH OF STAY (in this place)<br>5 yrs.   |  | d. STREET ADDRESS (If rural, give location)<br>1/2 mi. north of Graniteville   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br>1/2 mi. north of Graniteville |  |  |  |

|  |   |  |                               |                                     |                                    |
|--|---|--|-------------------------------|-------------------------------------|------------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) Amelia Catherine Buchholtz                                      |   |  | 4. DATE OF DEATH Aug. 11 1950 |                                     |                                    |
| 5. SEX fem.  | 6. COLOR OR RACE white                        | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June 7 1872  |                                     | 9. AGE (In years last birthday) 78 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>at home | 10b. KIND OF BUSINESS OR INDUSTRY<br>own home | 11. BIRTHPLACE (State or foreign country)<br>Madison Co. Mo.   |                               | 12. CITIZEN OF WHAT COUNTRY?<br>USA |                                    |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME<br>Constentine Graner |  | 13b. MOTHER'S MAIDEN NAME<br>Jane Close |  | 14. NAME OF HUSBAND OR WIFE<br>Julius Buchholtz |  |
|--|--|---|--|---|--|

|   |                            |   |  |  |  |
|---|----------------------------|---|--|--|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Mrs. Fred Tawfall, Graniteville Mo |  |  |  |
|---|----------------------------|---|--|--|--|

|  |   |  |  |  |   |
|--|---|--|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension & Myocardial Ischemia<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Arterio-sclerosis<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS:<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br>42201 |
|--|---|--|--|--|---|

|                                |   |  |   |  |  |
|--------------------------------|---|--|---|--|--|
| 19a. DATE OF OPERATION<br>None | 19b. MAJOR FINDINGS OF OPERATION.<br>None |  | 20. AUTOPSY?<br>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) | 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 1946, 19, to 8-1, 1950, that I last saw the deceased alive on 8-1, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|                                   |                   |                             |                             |
|-----------------------------------|-------------------|-----------------------------|-----------------------------|
| 23a. SIGNATURE<br>George M. Logan | (Degree or title) | 23b. ADDRESS<br>Ironton Mo. | 23c. DATE SIGNED<br>8-12-50 |
|-----------------------------------|-------------------|-----------------------------|-----------------------------|

|   |                      |  |  |
|---|----------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial | 24b. DATE<br>8-13-50 | 24c. NAME OF CEMETERY OR CREMATORY<br>Christian Cem. | 24d. LOCATION (City, town, or county) (State)<br>Fredericktown Mo. |
|---|----------------------|--|--|

|  |   |  |                        |
|--|---|--|------------------------|
| DATE REC'D BY LOCAL REG.<br>August 16 - 1950 | REGISTRAR'S SIGNATURE<br>Mrs. Elizabeth Logan | 25. FUNERAL DIRECTOR'S SIGNATURE<br>White Funeral Home | ADDRESS<br>Ironton Mo. |
|--|---|--|------------------------|

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

RECEIVED

AUG 21 1950

DEPT HEALTH OFFICE NO. 6

File No. ....

**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 Lucy J. White

Licensed Embalmer No. 3012

P. O. Address Boston, 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.