

FILED AUG 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23763

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 7812

1. PLACE OF DEATH a. COUNTY Miller - Rural		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Herman	b. (Middle) Frank	c. (Last) Buechter	(Month) July	(Day) 15	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 30, 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 5
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Buechter		13b. MOTHER'S MAIDEN NAME Katherine Valmert		14. NAME OF HUSBAND OR WIFE Rose Bay	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499 03 1124		17. INFORMANT'S SIGNATURE OR NAME Herman Buechter Jr.	
				ADDRESS Iberia Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DUE TO (b) <u>Chronic myocarditis</u>			3 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>arteriosclerosis</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					yes.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Richwood Township Miller Mo	
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 4/20/48, 19__ to 7/15/51, 19__, that I last saw the deceased alive on 7/6/51, 19__, and that death occurred at 3:02 A.M., from the causes and on the date stated above.

23a. SIGNATURE Wm. A. Gould Jr.		23b. ADDRESS Iberia Mo		23c. DATE SIGNED 7/16/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 17, 1951		24c. NAME OF CEMETERY OR CREMATORY St. Anthony	
24d. LOCATION (City, town, or county) (State) St. Anthony Mo.		25. FEDERAL DIRECTOR'S SIGNATURE 195 Jessie Perkins		ADDRESS Walter P. Nedges Iberia, Mo.	
DATE REC'D BY LOCAL REG. July 18 - 1951		REGISTRAR'S SIGNATURE			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 27 1951

MILLER COUNTY HEALTH
DEPARTMENT

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

Walter P. Hughes

Licensed Embalmer No. *4265*

P. O. Address *Paris, 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.