

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25873

State File No. _____

FILED AUG 10 1951

| | | | | | | | |
|---|---|--|--|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>231</u> | | PRIMARY REG. DIST. NO. <u>4487</u> | | Registrar's No. <u>41</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hamburg</u> | | c. LENGTH OF STAY (in this place) <u>52 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hamburg</u> | | <u>10000</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No Street</u> | | | | d. STREET ADDRESS (If rural, give location) <u>No Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>PHILLIP</u> b. (Middle) <u>S.</u> c. (Last) <u>BUCHER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1951</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>February 10, 1899</u> | | 9. AGE (In years last birthday) <u>52</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>20</u> | IF UNDER 48 HRS. Hours <u></u> Mins. <u></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>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>New Hamburg, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>Lawrence Bucher</u> | | 13b. MOTHER'S MAIDEN NAME <u>Veronica Scherer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Leocadia Bucher</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Leocadia Bucher New Hamburg, Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute medullary paralysis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>complete cardiac decompensation 9 hrs</u> DUE TO (c) <u>cerebral thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Essential hypertension & cardio-</u> <u>vascular renal disease</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u> <u>332x</u> |
| 19a. DATE OF OPERATION <u>NONE</u> | 19b. MAJOR FINDINGS OF OPERATION <u></u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u> | | 21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR <u>NONE</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>5-3</u> , 19 <u>51</u> , to <u>JULY 30, 1951</u> , that I last saw the deceased alive on <u>JULY 29, 1951</u> , and that death occurred at <u>2:50</u> Am., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H. J. Mosebach, D.O.</u> | | | | 23b. ADDRESS <u>Chaffee, Mo.</u> | | 23c. DATE SIGNED <u>8-4-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>August 1, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>New Hamburg, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Aug-7-51</u> | | REGISTRAR'S SIGNATURE <u>Mrs Addie Harrold</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Funeral Home Cape Gir.</u> | | ADDRESS <u>mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED AUG 7 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 851-175

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 Virgil H. Welch.....

Licensed Embalmer No. 4102.....

P. O. Address Cape Girardeau, 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.