

FILED AUG 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. **26431**

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **290** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Holt Rural		c. CITY (If outside corporate limits, write RURAL and give township) Holt Rural Kearney Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0270	

3. NAME OF DECEASED a. (First) Henry (Type or Print)			b. (Middle) A			c. (Last) Bucher			4. DATE OF DEATH (Month) (Day) (Year) Aug 2 1951		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH September 8 1848			9. AGE (In years last birthday) 102		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Kay Co Mo				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Robert Affett		13b. MOTHER'S MAIDEN NAME Hannie Reeves		14. NAME OF HUSBAND OR WIFE Never married	
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. E. Shanker	
				ADDRESS Holt Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 2 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis & Chronic Myocard				DUE TO (b) _____	
		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"/>	
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) Holt Mo Clay Mo	
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? 4201	

22. I hereby certify that I attended the deceased from **July 17, 1951**, to **Aug 2, 1951**, that I last saw the deceased alive on **July 17, 1951**, and that death occurred at **9:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Clatus E Bucher M.D.		23b. ADDRESS Lanson Mo		23c. DATE SIGNED Aug 3, 1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 4-51		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Kearney Mo	
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DATE REC'D BY LOCAL REG. Aug. 4, 1951		REGISTRAR'S SIGNATURE Erminie James		25. FUNERAL DIRECTOR'S SIGNATURE Leonard Fry		ADDRESS Kearney Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Leonard Fry

Licensed Embalmer No. 91677

P. O. Address Kearney 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.