

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30955

State File No. \_\_\_\_\_

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BIRTH NO. 48846 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 300

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|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CAPE GIRARDEAU</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY <u>CAPE GIRARDEAU</u>         |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>CAPE GIRARDEAU</u> c. LENGTH OF STAY (In this place) <u>11 DAYS</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>MO. RFD #3</u> d. STREET ADDRESS (If rural, give location) <u>CHAFFEE MO</u> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP</u>   |  |  |  |

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| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>GERARD JOHN</u> b. (Middle) <u>B</u> c. (Last) <u>BUETER</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>SEPT 14 1952</u> |  |  |
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| 5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>INFANT</u> |  | 8. DATE OF BIRTH <u>SEPT. 11, 1952</u> |  | 9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u> |  |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>INFANT</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>INFANT</u> |  | 11. BIRTHPLACE (State or foreign country)<br><u>MO. CAPE GIRARDEAU</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u> |  |
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| 13a. FATHER'S NAME<br><u>G. J. BUETER</u> |  | 13b. MOTHER'S MAIDEN NAME<br><u>WILHELMINA TRANTZ</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>—</u> |  |  |  |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. <u>—</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>G. J. Bueter - Chaffee Mo -</u> |  |  |  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>—</u>  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ESOPHAGEAL ATRESIA</u>  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>life</u> |  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><u>—</u>  |  |  |  |   |  |
|  |  | DUE TO (b) <u>—</u>  |  |  |  |   |  |
|  |  | DUE TO (c) <u>—</u>  |  |  |  |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>TRACHEO-ESOPHAGEAL fistula</u> |  |  |  | <u>life</u>                                     |  |

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| 19a. DATE OF OPERATION<br><u>—</u> |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>as above ↑</u> |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
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| 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) |  |
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| 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?<br><u>7562</u> |  |
|--|--|--|--|---|--|

22. I hereby certify that I attended the deceased from 4 Sept, 1952 to 15 Sept, 1952, that I last saw the deceased alive on 14 Sept, 1952, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE<br><u>James A. Krudley</u> (Degree or title) <u>M.D.</u> |  | 23b. ADDRESS<br><u>Cape Girardeau MO</u> |  | 23c. DATE SIGNED<br><u>18 Sept 52</u> |  |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> |  | 24b. DATE<br><u>SEPT. 17-1952</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St. John Cen. LEOPOLD MO</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>—</u> |  |
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| DATE REC'D BY LOCAL REG.<br><u>9-18-52</u> |  | REGISTRAR'S SIGNATURE<br><u>C. C. Summers</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Chaffee MO</u> |  |
|--|--|---|--|---|--|

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *C. J. Proby* .....

Licensed Embalmer No. *3810* .....

P. O. Address *Cape Girardeau* .....

**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.