

FILED JUN 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 20389

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 118	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. LENGTH OF STAY (in this place) <b>27 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b> <b>0972</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>305 East Porter</b>				d. STREET ADDRESS (If rural, give location) <b>305 East Porter</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gustav</b> b. (Middle) <b>Henry</b> c. (Last) <b>Bueker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 6th, 1953</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 31, 1861</b>	9. AGE (In years last birthday) <b>91</b>	# UNDER 1 YEAR Months <b>9</b> Days <b>5</b>	# UNDER 2 HRS. Hours <b></b> Mins. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Warren County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Christain Bueker</b>		13b. MOTHER'S MAIDEN NAME <b>Friederike Willer</b>		14. NAME OF HUSBAND OR WIFE <b>Emelie A. Bueker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Emelie A. Bueker, Marshall, Mo.</b>			
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) <b>Cor. Myocarditis</b> ANTECEDENT CAUSES DUE TO (b) <b>Rheumatic Arthritis</b> DUE TO (c) <b>Arterio Sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		<b>4221</b>	
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) (Min.)		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 <b>Jan - 1950 to Jan 5, 1953</b> , that I last saw the deceased alive on <b>June 3, 1953</b> , and that death occurred at <b>9:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. L. Lawless, M.D.</b> (Degree or title)				23b. ADDRESS <b>Marshall Mo.</b>		23c. DATE SIGNED <b>6-7-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 9, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Nebo cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saline County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>June 8 - 1953</b>		REGISTRAR'S SIGNATURE <b>Sidney J. Gray</b> <b>305 -</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Campbell Lewis Marshall Mo.</b>			

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

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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 James H. Lewis Jr.  
Licensed Embalmer No. 4709  
P. O. Address Marshall, 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.