

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11402**

FILED MAY 16 1955

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 41			
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper					
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. LENGTH OF STAY (in this place) 9 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Boonville		d. STREET ADDRESS (If rural, give location) Boonslick Boarding Home			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp.				3. NAME OF DECEASED a. (First) GUSTAV b. (Middle) H. c. (Last) Buschmeyer					
4. DATE OF DEATH (Month) (Day) (Year) May 8, 1955		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Dec. 6, 1870		9. AGE (In years last birthday) 84		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer			
11. BIRTHPLACE (State or foreign country) Wason Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Minnie Buschmeyer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Theodore E. Buschmeyer ADDRESS Independence, Mo.			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				ANTECEDENT CAUSES				1 week	
DUE TO (b) nephritis				DUE TO (c) myocarditis				?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				—				?	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4202			
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)		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 5-1-1955 , to 5-8-1955 , that I last saw the deceased alive on 5-8-1955 , and that death occurred at 6:20 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE T. C. Beckett (Degree or title) MD				23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED May 8, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 8, 1955		24c. NAME OF CEMETERY OR CREMATORY Independence, Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. H. Cooper		25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson ADDRESS Independence, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

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.....

Dean W. Huff

Signed.....
Student Embalmer

Licensed Embalmer No. *4914*

P. O. Address *Independence, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.