

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33731**

FILED OCT 18 1955

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **408**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In this place) YRS		d. STREET ADDRESS (If rural, give location) 2632 PENNSYLVANIA AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2632 PENNSYLVANIA AVE.		d. STREET ADDRESS (If rural, give location) 2632 PENNSYLVANIA AVE.	

3. NAME OF DECEASED (Type or Print) MARY			4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1955			
a. (First)	b. (Middle)		c. (Last) BUCHER			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH JAN. 10, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) DUNDEE, SCOTLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ANDREW KING		13b. MOTHER'S MAIDEN NAME MARGARET		14. NAME OF HUSBAND OR WIFE SEMPER F. BUCHER	
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS SEMPER F. BUCHER, 2632 PENN. AVE.	

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) Chronic myocarditis & Myo. degener-ation. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension 4221			INTERVAL BETWEEN ONSET AND DEATH 1 yr. 5 yrs 8 yrs.
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 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **5-23-55**, 19**55**, to **10-8-55**, 19**55**, that I last saw the deceased alive on **10-8-55**, 19**55**, and that death occurred at **11.45m** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Chapman M.D.		23b. ADDRESS Joplin, Missouri.		23c. DATE SIGNED 10-11-55	
24a. BURIAL: CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-11-55		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK	
		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI			

DATE REC'D BY LOCAL REG. 10-13-55		REGISTRAR'S SIGNATURE By David Sampson 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jasper County Health Office
County File Number 55-10-699
Date Filed OCT 17 1955

OCT 26 1955

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 *F. M. Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.