

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028740

STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 110 Primary Registration District No. 4182 Registrar's No.

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Haven		c. CITY OR TOWN New Haven 0360	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First OTTO Middle WILLIAM Last BUCHHOLTZ			4. DATE OF DEATH Aug. 24, 1958 Month Day Year		
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5. SEX Male c	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 18, 1981	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 1 Days 6	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant	10b. KIND OF BUSINESS INDUSTRY Plant Grocer & Locker	11. BIRTHPLACE (City and state or country) New Haven Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Henry Buchholtz	13b. MOTHER'S MAIDEN NAME Elizabeth Maschmann	14. NAME OF HUSBAND OR WIFE Olga Buchholtz
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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 Address Mr. Walter Buchholtz New Haven Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Valvular heart disease--mitral_ with congestive failure		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 410X
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1/15/39 to 8/24/58 and last saw ^{him} her alive on 8/24/58 Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. P. Eisenmann M.D.	22b. ADDRESS New Haven, Mo.	22c. DATE SIGNED 8/26/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-27,-1958	23c. NAME OF CEMETERY OR CREMATORY St. Peters E. & R. Cem.	23d. LOCATION (City, town, or county) (State) New Haven Mo.
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24. FUNERAL DIRECTOR ADDRESS L. G. Fertig & Son New Haven Mo.	25. DATE RECD. BY LOCAL REG. 8/27/58	26. REGISTRAR'S SIGNATURE Walter Murphy
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All diseases in Part I must be causally related. All diseases in Part II must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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SEP 1 1958

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
Signature of Student Embalmer

Signed *Earl C. Tertis*

Licensed Embalmer No. *13385*

P. O. Address *New Haven*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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