

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039443

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Washington</i> 0362 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>821 W. Fifth St.</i>		Length of stay in lb <i>80 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>821 W. Fifth St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Sophie K. Bushmeyer</i>			4. DATE OF DEATH Month Day Year <i>Nov. 30, 1958</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 8, 1870</i>	9. AGE (In years last birthday) <i>88</i>	IF UNDER 1 YEAR Months Days Hours Min. <i>9 22</i>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Home Maker</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home Maker Own Home</i>	11. BIRTHPLACE (City and state or country) <i>Detmold, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Henry J. Lefmann</i>	13b. MOTHER'S MAIDEN NAME <i>Charlotte Kappelmann</i>	14. NAME OF HUSBAND OR WIFE <i>Herman H. Bushmeyer</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, and if unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>491-38-8416</i>	17. INFORMANT <i>Ether P. Bushmeyer, Washington, Mo.</i>	Address
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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) <i>Cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Cerebral sclerosis</i>	
	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"/>

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.)
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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 <i>Nov 24, 1958</i> to <i>Nov 30, 1958</i> and last saw her alive on <i>Nov 30, 1958</i> Death occurred at <i>5:15 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>L. A. Witt M.D.</i> (Degree or title)	22b. ADDRESS <i>906 Elm Washington Mo.</i>	22c. DATE SIGNED <i>12/1/58</i>
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23a. BURIAL, CREMATION, REMOVAL? (Specify) <i>Burial</i>	23b. DATE <i>Dec. 3, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Peter's Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Washington, Missouri</i>
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24. FUNERAL DIRECTOR <i>L. A. Witt</i>	ADDRESS <i>Witt, Inc. Washington Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>12/2/58</i>	26. REGISTRAR'S SIGNATURE <i>L. A. Witt</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lester A. Pitt*

Licensed Embalmer No. *3254*
P. O. Address *Washington, D.C.*

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.