

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043736

STATE FILE NUMBER

FILED JAN 5 1958 Registration District No. 119 Primary Registration District No. 5993 Registrar's No. 54

300 4  
1-57

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ROARK TWP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>HERMANN 0371</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FRENE VALLEY HOME</b>		Length of stay in 1b <b>15 months</b>	d. STREET ADDRESS (If outside, give location) <b>208 E SECOND ST</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>EMMA LOUISE BUDDEMEYER</b>			4. DATE OF DEATH Month Day Year <b>DEC 22 1958</b>			
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC 1 - 1876</b>	9. AGE (In years) at birth day <b>82</b>	10. UNDER 1 YEAR Months Days	11. 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) <b>DOMESTIC</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC WORK</b>	11. BIRTHPLACE (City and state or country) <b>HERMANN MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>FREDERICK BUDDEMEYER</b>	13b. MOTHER'S MAIDEN NAME <b>ALBERTINA KUBITZ</b>	14. NAME OF HUSBAND OR WIFE <b>HERMANN MO</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>MRS ANNA HECKMAN</b>	Address <b>HERMANN MO</b>
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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) <b>Encephalomalacia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		<b>10 years</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) <b>332x</b>		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.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		
20d. INJURY OCCURRED WHILE AT WORK <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

21. I attended the deceased from **12-01-57** to **12-22-58** and last saw <sup>her</sup>him alive on **12-15-58**  
Death occurred at **17th** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Carroll T. Shaw, M.P.</b>	22b. ADDRESS <b>1008 Washington, Hermann, Mo.</b>	22c. DATE SIGNED <b>12-22-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12/24/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HERMANN CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>HERMANN MO</b>
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24. FUNERAL DIRECTOR <b>HUGO H. BLUMER</b>	ADDRESS <b>HERMANN MO</b>	25. DATE RECD. BY LOCAL REG. <b>12-23-58</b>	26. REGISTRAR'S SIGNATURE <b>Delma Uffelmann</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 *Stegon B. Bunker* .....

Licensed Embalmer No. *3160* .....  
P. O. Address *Herriman* .....

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.