

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022331

STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY PEMISCOT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HAYTTI		c. CITY OR TOWN PORTAGEVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL		Length of stay in lb 2 WKS.	
3. NAME OF DECEASED (Type or print) LEO P. BUDENHOLZER		4. DATE OF DEATH Month MAY Day 18 Year 1959	
5. SEX MALE	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 27, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPTOMETRIST		10b. KIND OF BUSINESS OR INDUSTRY OPTOMETRY	11. BIRTHPLACE (City and state or country) MINE LA MOTTE, MISSOURI
13a. FATHER'S NAME JOHN F. BUDENHOLZER		13b. MOTHER'S MAIDEN NAME MARY ANN PINGLE	14. NAME OF HUSBAND OR WIFE EVA BARHAM BUDENHOLZER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS. EVA BUDENHOLZER PORTAGEVILLE, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH 15 days
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) Congestive Acute Heart Failure and Bronchiectasis 331X			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. _____ 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
21. I attended the deceased from <u>July 1957</u> to <u>18 May 1959</u> and last saw <u>him</u> live on <u>17 May 1959</u> Death occurred at <u>11:27 P.M. on 18 May 1959</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Andrew P. Painter M.D.</i>		22b. ADDRESS <i>King St., Portageville, Missouri</i>	22c. DATE SIGNED <i>19 May 1959</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 20, 1959	23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETERY	23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI
24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.		25. DATE RECD. BY LOCAL REG. 6-10-59	26. REGISTRAR'S SIGNATURE <i>Valeria Popham</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 9 1959

COURTHOUSE
CARUTHERSVILLE, MO.
PHONE 79

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 *Joseph A. [Signature]*
Licensed Embalmer No. 4481

P. O. Address PORTAGEVILLE, MO.,

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.