

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027444

FILED VS JUL 26 1960

STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 13

ENDED

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|--|--|---|--|--|---|-------|
| 1. PLACE OF DEATH a. COUNTY Johnson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington | | Length of stay in 1b 28 Hrs 47 | c. CITY OR TOWN Windsor | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION USAF Hospital, Whiteman AF Base, Missouri | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 510 East Colorado | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First JEANNETTE Marie Middle BUCH Last BUCH | | | 4. DATE OF DEATH Month July Day 17 Year 1960 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 16 Jul 60 | 9. AGE (last birthday) IF UNDER 1 YEAR Months 28 Days 47 IF UNDER 24 HR Hours 28 Min. 47 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Whiteman AFB, Mo | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13a. FATHER'S NAME David G Buch | | 13b. MOTHER'S MAIDEN NAME Yvonne Marie Sanchez | | 14. NAME OF HUSBAND OR WIFE - | | |
| 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 David G Buch Windsor, Missouri Address | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Negative membranes/disease DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Maternal juvenile diabetes. | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 1200 Month, Day, Year 16 July 1960 a.m. 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 16 July 1960 to 17 July 1960 and last saw her her live on 17 July 1960 Death occurred at 1200 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Deputy or title) QUENTIN G CASE M.D. | | | 22b. ADDRESS USAF Hospital, Whiteman AFB, Missouri | | 22c. DATE SIGNED 18 Jul 60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE July 20th, 1960 | 23c. NAME OF CEMETERY OR CREMATORY KnobNoster Cemetery, | | 23d. LOCATION (City, town, or county) (State) KnobNoster, Missouri. | | |
| 24. FUNERAL DIRECTOR The Brauningers, Warrensburg, Mo. | | | 25. DATE RECD. BY LOCAL REG. 7-19-60 | 26. REGISTRAR'S SIGNATURE W. Raymond Baker, Wlex. | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. A. B. Bauninger*

Licensed Embalmer No. 3377

P. O. Address Warrensburg

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.