

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

60-031063

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) e. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN Twsp.		Length of stay in 1b 53 YRS	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION HOPE MANOR CONVALESCENT HOME-1402 REX			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2632 PENNSYLVANIA	
3. NAME OF DECEASED (Type or print) First SEMPER Middle FIDELIS Last BUCHER			4. DATE OF DEATH Month AUGUST Day 14 , Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-19-1865	9. AGE (last birthday) 94	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - MINE OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY MINING	11. BIRTHPLACE (City and state or country) LYON COUNTY, Ks.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME SIMON BUCHER		13b. MOTHER'S MAIDEN NAME ANN ELIZABETH BUTTS		14. NAME OF HUSBAND OR WIFE MARY BUCHER, 10-8-1955	
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. UNK	17. INFORMANT SON - JACK R. BUCHER, KENWOOD MOTEL, CINCINNATI, OHIO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH 30 sec.
IMMEDIATE CAUSE (a) Cardiac and respiratory failure					
DUE TO (b) Arteriosclerotic heart disease					
DUE TO (c) Malnutrition.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Aug. 3, 1960 to Aug. 11, 1960 last saw him alive on Aug. 11, 1960 Death occurred at Aug. 14, 1960 10:50p on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. W. Pinkston</i>			22b. ADDRESS D. O. 2619 Main St., Joplin, Mo.		22c. DATE SIGNED 8/16/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-17-60	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,		23d. LOCATION (City, town, or county) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. Aug. 17, 60		26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>	

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 F. M. Jones

Licensed Embalmer No. 3319

P. O. Address Japlin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.