

FILED AUG 17 1951

0680

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3096 Registrar's No. 5403

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Monteau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Monteau</u> | |
| b. CITY OR TOWN <u>rural Walker</u> | c. LENGTH OF STAY (in this place) <u>70 yrs.</u> | c. CITY OR TOWN <u>rural Walker</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. south of California</u> | | d. STREET ADDRESS (If rural, give location) <u>2 mi. S. of California on Hwy #50</u> | |
| 3. NAME OF DECEASED (Type or Print) <u>Louis</u> | | a. (First) _____ b. (Middle) _____ c. (Last) <u>BUEKER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1951</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 31, 1859</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & grain</u> | 9. AGE (in years last birthday) <u>92</u> |
| 11a. FATHER'S NAME <u>Christopher Bueker</u> | | 11b. MOTHER'S MAIDEN NAME <u>Corradine Krueh</u> | 11c. NAME OF HUSBAND OR WIFE <u>Mary E. Bauer</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Bueker</u> ADDRESS <u>California Mo.</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Cardio-vascular disease with hypertension</u> | |
| DUE TO (c) _____ | | DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 6 years | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-443X</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ | |
| 22. I hereby certify that I attended the deceased from <u>June 13, 1951</u> , to <u>Aug 6, 1951</u> , that I last saw the deceased alive on <u>Aug 3, 1951</u> , and that death occurred at <u>9:45 P. M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Edgar A. Kibbs M.D.</u> (Degree or title) | | 23b. ADDRESS <u>California</u> | 23c. DATE SIGNED <u>8/7/51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>8-9-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u> | 24d. LOCATION (City, town, or county) (State) <u>California Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>8-9-51</u> | REGISTRAR'S SIGNATURE <u>H.R. Popejoy L.R. 292</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A.E. Wilson</u> ADDRESS <u>California Mo</u> | |

RECEIVED 8-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-16-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California 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 this body is not embalmed, fact should be so stated above.