

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26269

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 289

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>2</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Waller</u>	<u>70</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u> b. (Middle) <u>BUCHANAN</u> c. (Last) <u>BUCHANAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 27 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>OK</u>	9. AGE (In years last birthday) if under 1 YEAR if under 2 hrs. <u>70</u> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Middletown Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>

13a. FATHER'S NAME <u>Monroe Gooch</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Tipton</u>	14. NAME OF HUSBAND OR WIFE <u>Ben Buchanan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hosp 1 Fulton</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>42 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Aug 20, 1949, to Aug 27, 1949, that I last saw the deceased alive on Aug 24, 1949, and that death occurred at 6:50 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M J McInerney</u>	23b. ADDRESS <u>State Hospital, No 1 Fulton</u>	23c. DATE SIGNED <u>8-27-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/28/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>
24d. LOCATION (City, town, or county) (State) <u>Middletown Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H B Hills Waller Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 31-1949</u>	REGISTRAR'S SIGNATURE <u>Narretta Lawrence</u>	426

(Licensed Embalmer's Statement on Reverse Side)

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

14
2

District File Number _____
District Health Officer No. 9,
RECEIVED
SEP 6 1919

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 _____

A B Skellard

Signed
Student Embalmer

Licensed Embalmer No. 1588

P. O. Address Waverlyville 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.