FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13718

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5694 Registrar's No. 12

0590 3

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

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 36+65 South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belton 0190
d. STREET ADDRESS (If rural, give location): None /

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Joseph
c. (Last): Buchanan Jr.

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: April 9, 1920
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months 11, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Gunners Mate
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): South DAKOTA /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James J. Buchanan Jr.
13b. MOTHER'S MAIDEN NAME: MARY B. McNULTY
14. NAME OF HUSBAND OR WIFE: Madalyn Buchanan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: R. S. MULLER — ADDRESS: Belton Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____

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.

INTERVAL BETWEEN ONSET AND DEATH: 8194 / 31

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 059
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 36 Bridge over Grand
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Livingston Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 8, 1950 100 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Auto went out of control & struck bridge

22. *I hereby certify that I attended the deceased from* Died instantly, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 100 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. M. Russell M.D.
23b. ADDRESS: Chillicothe Mo
23c. DATE SIGNED: 4/9/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 4/9/50
24c. NAME OF CEMETERY OR CREMATORY: Belton Cemetery
24d. LOCATION (City, town, or county) (State): Belton Mo.

DATE REC'D BY LOCAL REG.: April-9-50
REGISTRAR'S SIGNATURE: Frances B. Neill 171
25. FUNERAL DIRECTOR'S SIGNATURE: E. K. George & Sons — ADDRESS: Belton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 1951
SEP 22 1950
MAY 2 1950
NOV 9 1950
NOV 22 1950
RECEIVED
APR 27 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 .....
Student Embalmer

Signed Donald Gordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.