

FILED JUL 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24605  
6145

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston 1002	
c. LENGTH OF STAY (In this place) 2mos 7da		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) C.	c. (Last) Buchanan	4. DATE OF DEATH (Month) (Day) (Year) July 16 50
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Sept 2 1879	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 14	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator	10b. KIND OF BUSINESS OR INDUSTRY Tourist Camp	11. BIRTHPLACE (State or foreign country) Pope Co. Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph H Buchanan	13b. MOTHER'S MAIDEN NAME Mary Fulkerson	14. NAME OF HUSBAND OR WIFE Orilla Buchanan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis Buchanan Golconda Ill.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis Ca of Stomach		1 1/2 yrs 2 year
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 May 14 50	19b. MAJOR FINDINGS OF OPERATION Same	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 151X
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22. I hereby certify that I attended the deceased from May 15, 1950, to July 16, 1950, that I last saw the deceased alive on July 16, 1950, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. M. Welch M.D.	(Degree or title) M.D.	23b. ADDRESS 4501 <sup>st</sup> Manchester	23c. DATE SIGNED 7-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE July 18 50	24c. NAME OF CEMETERY OR CREMATORY Memorial Cem.	24d. LOCATION (City, town, or county) (State) Sikeston Mo.
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DATE RECD BY LOCAL REG. JUL 17 1950	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchanan Fun. Home Golconda Ill.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 10 1951

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed William S. Satter

Licensed Embalmer No. 4699

P. O. Address St Charles, 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.