

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12214

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>408</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>		c. LENGTH OF STAY (If this place) <u>11 1/2 Hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ava Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Finley 0340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OZARK OSTEOPATHIC HOSPITAL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>5-7-51</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard</u>		b. (Middle)		c. (Last) <u>Buchanan</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>11-16-34</u>		9. AGE (In years last birthday) <u>16</u> if UNDER 1 YEAR Months Days if UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Schoolboy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Highschool</u>		11. BIRTHPLACE (State or foreign country) <u>Ava, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Earl Buchanan</u>		13b. MOTHER'S MAIDEN NAME <u>Della Miller</u>		14. NAME OF HUSBAND OR WIFE			
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. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl G. Buchanan, Ava, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Basal Skull Fracture</u> DUE TO (c) <u>accidental</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8234</u> <u>32</u>	
18. 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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 14 west</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>of Ava Douglas, Mo.</u>		21f. HOW DID INJURY OCCUR? <u>Motorcycle Accident</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-6-51 3:30P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>5-6-</u> , 19 <u>51</u> , to <u>5-7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-6-</u> , 19 <u>51</u> , and that death occurred at <u>4:20A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William R. Neff, D.O.</u>		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>5-7-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-11-51</u>		24c. NAME OF CEMETERY OR REMATORY <u>Kenney</u>		24d. LOCATION (City, town, or county) (State) <u>Ava, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-8-51</u>		REGISTRAR'S SIGNATURE <u>W E Hamby</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard</u>		ADDRESS <u>Funeral Home, Ava, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Charles R. Fish

Licensed Embalmer No. *4667*

P. O. Address *Ava, 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.