

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8191

State File No.
Registrar's No.

FILED APR 2 1952

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 2025

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan Hos.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Ollief Buchanan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March. 20, 1952</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan 20, 1862</u>	9. AGE (In years last birthday) <u>90</u>	# UNDER 1 YEAR <u>2</u>	Days <u>0</u>	# UNDER 24 Hrs. <u>0</u>	Min. <u>0</u>
----------------------	-------------------------------	---	--------------------------------------	---	-------------------------	---------------	--------------------------	---------------

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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Tinton Collins</u>	13b. MOTHER'S MAIDEN NAME <u>Mahalia Martin</u>	14. NAME OF HUSBAND OR WIFE <u>John Buchanan</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hobart Lowe</u>	ADDRESS <u>Willow Springs, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2nd + 3rd degree burns of</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>approximately 2/3 or 3/4 of body surface -</u>		
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 <u>E9160 - 16</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Willow Springs, Howell, Mo.</u> (COUNTY) (STATE)
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAR 20 1952 Pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Patient in bed smoking his pipe - went to sleep & caught bed on fire.</u>
---	---	---

22. I hereby certify that I attended the deceased from Mar 20, 1952, to Mar 20, 1952, that I last saw the deceased alive on Mar 20, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Valentin P. M.D.</u> (Degree or title)	23b. ADDRESS <u>West Plains, Missouri</u>	23c. DATE SIGNED <u>24/3/52</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/21/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pine Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Howell County Missouri</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4/1/52</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns Funeral Home</u> ADDRESS <u>Willow Springs, Mo</u>
--	--	--

H.S. (Licensed Embalmer's Statement on Reverse Side)

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

461
0

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

Not Embalmed

Signed

Fred W. Barnes

Licensed Embalmer No. *4614*

P. O. Address *Willow Springs, Tenn.*

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.