

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42748**

FILED DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **33**

570
1

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

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) Albert c. (Last) Buchanan			4. DATE OF DEATH (Month) (Day) (Year) Dec 7 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec-12-1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 11 Days 25	IF UNDER 15 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Buyer		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Bellview, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME Wm. Riley Buchanan		13b. MOTHER'S MAIDEN NAME Symithie Buchanan		14. NAME OF HUSBAND OR WIFE Bessie Swarns Buchanan	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Buchanan		ADDRESS ELSBERRY, MO	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 270
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of liver					
	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 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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from **5-1 1950**, to **12-7 1952**, that I last saw the deceased alive on **12-13 1952**, and that death occurred at **3 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) md.		23b. ADDRESS ELSBERRY, MO		23c. DATE SIGNED 12/8/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12/9/52		24c. NAME OF CEMETERY OR CREMATORY HAMBURG CEM.		24d. LOCATION (City, town, or county) (State) HAMBURG, ILL.	
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DATE REC'D BY LOCAL REG. 12/26/52		REGISTRAR'S SIGNATURE Mrs. Clarence Bryant		25. FUNERAL DIRECTOR'S SIGNATURE Clifton Miller Elsberry, Mo.		ADDRESS	
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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 DEC. 7-1

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elstern, Missouri

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.