

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32398**

FILED SEP 16 1954

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 341		Registrar's No. 2057	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) 2 Hrs.		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				e. STREET ADDRESS (If rural, give location) 804 Perry			
3. NAME OF DECEASED a. (First) Lt. Com. AMOS			b. (Middle) A	c. (Last) BUCHANAN, USNR		4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 22, 1919		9. AGE (In years last birthday) 35 If under 1 year: Months 6 Days 2 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto dealer		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME A. B. Buchanan			13b. MOTHER'S MAIDEN NAME Ruth Hill		14. NAME OF HUSBAND OR WIFE Mary Buchanan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes USNR (W.W. 2)		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. B. Buchanan, Cape Girardeau, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Depressed skull fracture					INTERVAL BETWEEN ONSET AND DEATH	
	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. 3rd Degree burn Aneurysmic chest						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lambert Field		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis Co., Missouri (COUNTY) 39 (STATE) 860X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 24, 1954 3p.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Airplane crash while flying Navy Plane			
22. I hereby certify that I attended the deceased from Aug. 24, 1954 , to Aug. 24, 1954 , that I last saw the deceased alive on Aug. 24, 1954 , and that death occurred at 4:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Michael C. Kester, M.D.				23b. ADDRESS 4601 S. Brentwood Clayton		23c. DATE SIGNED 8-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 8/25/54	24c. NAME OF CEMETERY OR CREMATORY Sikeston Cemetery		24d. LOCATION (City, town, or county) (State) Sikeston, Mo.		
DATE REC'D BY LOCAL REG. 8/25/54		REGISTRAR'S SIGNATURE Richard S. Amken		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bonn		ADDRESS Kirkwood, Mo.	

(Licensed Embalmer's Placement on Reverse Side)

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

SEP 8 10N

SEP 16 1952

✓ 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.....
Signature of Student Embalmer

Signed *Bill C. Branco*.....

Licensed Embalmer No. *476*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.