

REC'D NOV 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. **37023**
Registrar's No. **1050-B**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1050-B**

1. PLACE OF DEATH
 a. COUNTY **Greene**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**
 c. LENGTH OF STAY (In this place) **60 years**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **619 W. Harrison**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Greene**
 c. CITY OR TOWN **Springfield**
 d. IS RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes No
 e. STREET ADDRESS (If rural, give location) **619 W. Harrison 0396**

3. NAME OF DECEASED
 a. (First) **James** b. (Middle) **C.** c. (Last) **Buchanan**
 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 16-1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **August 25, 1874** 9. AGE (In years last birthday) **80** IF UNDER 1 YEAR Months | Days IF UNDER 10 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **moulder & cafe operator** 10b. KIND OF BUSINESS OR INDUSTRY **Foundry - Cafe** 11. BIRTHPLACE (City and State or Foreign Country) **Dade County, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Emma Buchanan**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **490-28-3116** 17. INFORMANT'S SIGNATURE OR NAME **Emma Buchanan - Springfield, Mo.** ADDRESS _____

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Nephritis**
 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. **Arterial Sclerosis**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **592X** 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **1/19, 1954** to **11/10, 1954**, that I last saw the deceased alive on **11/10, 1954** and that death occurred at **10:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Dr. H. F. Focht, M.D.** (Degree or title) 23b. ADDRESS **Springfield, Mo.** 23c. DATE SIGNED **11/19/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Nov. 18-1954** 24c. NAME OF CEMETERY OR CREMATORY **Danforth Cemetery** 24d. LOCATION (City, town, or county) (State) **Greene County - Missouri**

DATE REC'D BY LOCAL REG. **11-22-54** REGISTRAR'S SIGNATURE **Earl Williamson** 25. FUNERAL DIRECTOR'S SIGNATURE **Lee Rainey** ADDRESS **Springfield Missouri**

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3312

P. O. Address Springfield

**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.**