

FILED DEC 18 1957

Registration District No. 170 Primary Registration District No. 5626 Registrar's No. 205

S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <u>LACLEDE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRIDGETS</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LONGS NURSING</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>WILLIAM HARRISON BUCHANAN</u>		4. DATE OF DEATH <u>12-10-1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-25-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Miller Co Mo</u>
13a. FATHER'S NAME <u>Columbus Buchanan</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Seance</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Buchanan</u>
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. <u>---</u>	17. INFORMANT <u>Lloyd Buchanan</u> Address <u>Buffalo Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardiac Decompenstation</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>4 Hrs.</u> <u>30 Min.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? <u>331x</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>Dec. 10, 1957</u> to <u>Dec 10, 1957</u> and last saw her alive on <u>Dec. 10, 1957</u> Death occurred at <u>4:20 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>117 N. Jefferson, Lebanon, Mo.</u>	22c. DATE SIGNED <u>12-11-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-12-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eldon Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Eldon Mo</u>
24. FUNERAL DIRECTOR <u>R B Jones</u> ADDRESS <u>Buffalo Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-11-1957</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 31 1957

Received 12/16/57  
Laclede County Health Unit  
File No. 205  
Date Filed 12/16/57

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 Stanley R Palmer

Licensed Embalmer No. 4810  
P. O. Address Lebanon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.