

FILED FEB 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2101

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 637 East 13th St. Hospital		d. STREET ADDRESS (If rural, give location) 637 East 13th	
3. NAME OF DECEASED (Type or Print) CHARLIE		a. (First) _____ b. (Middle) _____ c. (Last) BUCHANAN	4. DATE OF DEATH (Month) (Day) (Year) 1 - 13 - 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1912
9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transfer Man		10b. KIND OF BUSINESS OR INDUSTRY Jones Transfer	11. BIRTHPLACE (State or foreign country) Virgoqua, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Virgil Buchanan		13b. MOTHER'S MAIDEN NAME Beth Guest	14. NAME OF HUSBAND OR WIFE Mildred Buchanan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Buchanan - 637 E. 13th, Sedalia
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cecum & Colon		INTERVAL BETWEEN ONSET AND DEATH 14 Months	
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. 153 X			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Sept. 1947 + Oct. 1947 Carcinoma		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug</u> , 1947, to <u>Jan</u> , 1949, that I last saw the deceased alive on <u>Jan 13</u> , 1949, and that death occurred at <u>11:50 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Byron R. Duncan, DO		23b. ADDRESS Sedalia, Missouri	23c. DATE SIGNED 1-13-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-15-49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
DATE REC'D BY LOCAL REG. 1-14-49	REGISTRAR'S SIGNATURE Betty Yeager Deputy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Beckert, Sedalia, Mo	

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-29-49

SEP 5 1950

FEB 9 1949

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.

Signed Frank S. Coffman Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4539

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.