

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1949

State File No. 14531

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>6100</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greentop "Rural"</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greentop</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Greentop, Rural</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Henry</u>		b. (Middle) <u>Arthur</u>		c. (Last) <u>Buchanan</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>11</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 4, 1885</u>		9. AGE (In years last birthday) <u>63</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Schuyler County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Goodworth Buchanan</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Myers</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie Frances Gregory</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nettie Buchanan, Greentop, Mo</u>			
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) <u>Cerebral Thrombosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cerebral Vascular Disease</u> DUE TO (c) <u>Influenza</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Immed</u>  <u>339X</u>  <u>12 hrs.</u>	
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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Mar 17, 1949</u> , to <u>Apr 11</u> , 1949, that I last saw the deceased alive on <u>April 11</u> , 1949, and that death occurred at <u>5:00 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. W. Bradley, M.D.</u>		23b. ADDRESS <u>Queen City, Mo.</u>		23c. DATE SIGNED <u>4/13/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/13/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fugate</u>		24d. LOCATION (City, town, or county) (State) <u>Schuyler Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr 18, 49</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. J. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Riley</u> <u>Kirksville, Mo.</u>			
(Licensed Embalmer's Statement on Reverse Side)							

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

MAY 10 1949

APR 26 1949

RECEIVED  
District Health Officer No. 10  
District File Number 4-49-682  
Date Filed APR 19 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.....  
Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Kirkville, 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.