

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

35986

BIRTH NO.		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 6099		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY SCHUYLER Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Wapello			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		c. LENGTH OF STAY (In this place) 10 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OTTUMWA Iowa		999	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 miles N.W. Queen City, Mo.				d. STREET ADDRESS (If rural, give location) 702 ELLIS AVE 2			
3. NAME OF DECEASED (Type or Print): LLOYD		a. (First) CLAYTON		c. (Last) BUCHANAN		4. DATE OF DEATH (Month) (Day) (Year) July 8 1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB 20, 1893	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PACKING HOUSE LAB.		10b. KIND OF BUSINESS OR INDUSTRY PACKING PLANT		11. BIRTHPLACE (State or foreign country) Wapello Co. Ia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GEORGE W. BUCHANAN		13b. MOTHER'S MAIDEN NAME NANNIE MOORE		14. NAME OF HUSBAND OR WIFE HARRIET BUCHANAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 481-10-8176		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS John R. Jackson - Ottumwa			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia				INTERVAL BETWEEN ONSET AND DEATH 10 min 11 1/2 hr	
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 Nov 6, 1948, to July 8, 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. B. Bradley, D.O.				23b. ADDRESS 2 - Queen City, Mo.		23c. DATE SIGNED 7-13-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 8, 1949		24c. NAME OF CEMETERY OR CREMATORY Shail Cemetery		24d. LOCATION (City, town, or county) (State) Ottumwa Iowa	
DATE REC'D BY LOCAL REG. Oct 26 - 49		REGISTRAR'S SIGNATURE Mrs. R. G. Drake		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Carol A. Griener - Ottumwa			

(Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer

Signed

Carl A. Prigter

Licensed Embalmer No. *Iowa 28,31*

P. O. Address *Ottumwa, Iowa*

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.