

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9460

State File No. ....

540

BIRTH NO. ....		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>5639</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twns.</u>		c. LENGTH OF STAY (In this place) <u>5 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twns.</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi. N E of Odessa</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION									
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>C.</u> c. (Last) <u>Buchanan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1950</u>						
5. SEX <u>m</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 17, 1888</u>			
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 Wks. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>James Buchanan</u>			13b. MOTHER'S MAIDEN NAME <u>Molly Meade</u>			14. NAME OF HUSBAND OR WIFE <u>Oma Buchanan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY # <u>461-30-63125</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oma Buchanan</u>			ADDRESS <u>Odessa, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkin's Disease</u>  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.				INTERVAL BETWEEN ONSET AND DEATH  <u>20 IX</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>June 1949</u> , to <u>Feb. 8, 1950</u> , that I last saw the deceased alive on <u>2-5, 1950</u> , and that death occurred at <u>8:30 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. H. ... M.D.</u>				23b. ADDRESS <u>Odessa, Mo.</u>			23c. DATE SIGNED <u>2/19/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 11, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 11-50</u>		REGISTRAR'S SIGNATURE <u>Letta Drummond</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Human Sparks</u>		ADDRESS <u>Odessa, Mo.</u>		

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

RECEIVED MAR 17  
District Health Officer No. 8,  
District File Number.....  
Date Filed 3-22-56

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 William T. Sparks

Licensed Embalmer No. # 4431

P. O. Address Odessa, 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.