

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12253

No. 500
10.48

FILED APR 17 1950

State File No.

0180

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

BIRTH NO.		REG. DIST. NO. <u>5-8</u>	PRIMARY REG. DIST. NO. <u>5212</u>	Registrar's No. <u>7</u>
1. PLACE OF DEATH a. COUNTY <u>Carter</u> <u>Carter Township</u>		2. USUAL RESIDENCE (Where deceased lived?; If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY: <u>Carter</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>C. T. 0180</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Carters Creek</u>		
3. NAME OF DECEASED a. (First) <u>Josephine</u> (Type or Print) b. (Middle) <u>Buchanan</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>3-28-50</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 18-1870</u>	9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>John Sheets</u>		13b. MOTHER'S MAIDEN NAME <u>Julie Stout</u>	14. NAME OF HUSBAND OR WIFE <u>Patrick Buchanan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Patrick Buchanan Van Buren 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>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 mo.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>				
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
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) (Min.)	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>3-24</u> , 19 <u>40</u> , to <u>3-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-24</u> , 19 <u>50</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Frank J. Rucinski</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Van Buren, Mo.</u>		23c. DATE SIGNED <u>3-28-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yount Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Carter County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 3-50</u>	REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>	50 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Phil A. Leuckel Van Buren, MO</u>		

RECEIVED

4-4-50

District Health Officer No. 8,

District File Number 4-50 214

Date Filed 4-8-50

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 3-26-50

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.