

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14174

State File No. ....

BIRTH NO. \_\_\_\_\_ REC. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 94

1. PLACE OF DEATH  
a. COUNTY RANDOLPH  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION WOODLAWN

2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)  
a. STATE MO b. COUNTY MONROE  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DUNCANS BRIDGE  
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED  
a. (First) JOHN b. (Middle) EDWARD c. (Last) BUCHANAN

4. DATE OF DEATH (Month) (Day) (Year)  
4 3 1950

5. SEX M  
6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH  
Oct 8-1878

9. AGE (In years last birthday) 71 1/2  
If under 1 year: Months 5 Days 26  
If under 2 hrs: Hours 26 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
Farmer

11. BIRTHPLACE (State or foreign country)  
Virginia

12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME  
THOMAS A BUCHANAN

13b. MOTHER'S MAIDEN NAME  
Amanda Buchanan

14. NAME OF HUSBAND OR WIFE  
Bessie 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.  
578-026438

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Bessie Buchanan Duncans Bridge, Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia  
ANTECEDENT CAUSES  
DUE TO (b) Chronic interstitial Nephritis 1 year  
DUE TO (c) Chronic Hypertensive Myocarditis 3 years  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
1 mo  
4/2/50

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1950, to Apr 3, 1950, that I last saw the deceased alive on Apr 2, 1950, and that death occurred at 10:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Dr. J. H. ...

23b. ADDRESS  
Monroe, Mo

23c. DATE SIGNED  
Apr 6 1950

24a. BURIAL, CREMATION, OR REMOVAL (Specify)

24b. DATE  
4/8-1950

24c. NAME OF CEMETERY OR CREMATORY  
DeLoach

24d. LOCATION (City, town, or county) (State)  
Monroe, Mo

DATE REC'D BY LOCAL REG.  
4-8-50

REGISTRAR'S SIGNATURE  
Richard ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Fred G. Thompson

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

1981 7 7 1946

RECEIVED

APR 17 1950

District Health Officer No

District File Number 4-20

Date Filed APR 17 1950

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

*Fred G. Thompson*

Licensed Embalmer No. 1420

P. O. Address Madison, 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.