

FILED FEB 15 1951

STANDARD CERTIFICATE OF DEATH

3508

State File No.

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 10

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

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarence</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Clarence</u>		<u>10.20</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Edmondson</u>		c. (Last) <u>Buchanan</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2nd 1951</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>April 1st 1878</u>		9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>1</u> IF UNDER 11 HRS. Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Washington Co Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William H Buchanan</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Douglas</u>	
14. NAME OF HUSBAND OR WIFE <u>Bessie A Buchanan</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bessie A Buchanan</u>		ADDRESS <u>Clarence 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>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Bright's Disease</u>			DUE TO (b) <u>Chronic Bright's Disease</u>		
DUE TO (c)			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>592X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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>Jan. 20</u> , 1951, to <u>Feb. 2</u> , 1951, that I last saw the deceased alive on <u>Feb. 2</u> , 1951, and that death occurred at <u>11:25 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>B. L. Edrington D.O.</u>			23b. ADDRESS <u>Clarence Mo.</u>		23c. DATE SIGNED <u>2/7/51</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/4/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Macon County Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb-10-51</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barkelaw & Hawkins Shelbina Mo.</u>	

VS APR 11 1961

FEB 12 1951-
Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 2-51-35
Date Filed: FEB 14 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

Henry A. Bartelme

Licensed Embalmer No.

3835

P. O. Address

Chelbira - 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.