

FILED MAR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7683**

BIRTH NO. _____ REG.-DIST. NO. **5-8** PRIMARY REG. DIST. NO. **5-212** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Carter	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Carter Twp		c. LENGTH OF STAY (In this place) 10 days	
c. CITY (If outside corporate limits, write RURAL and give township) Rural - Carter Twp		d. STREET ADDRESS (If rural, give location) Rt. 1, Rusk, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Heeling			
3. NAME OF DECEASED (Type or Print) a. (First) PATRICK b. (Middle) H. c. (Last) BUCHANAN		4. DATE OF DEATH (Month) (Day) (Year) MAR 10, 1952	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 22, 1865
9. AGE (In years) last birthday: 86 Month: 7 Day: 18		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (State or foreign country) Van Buren Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SAMUEL BUCHANAN		13b. MOTHER'S MAIDEN NAME MARY SMITH	
14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME CLARENCE BUCHANAN		ADDRESS Van Buren	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmities of age			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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 794X	
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)		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 Oct , 1951, to Nov 10 , 1952, that I last saw the deceased alive on Nov 9, 1952 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. N. Cotton, M.D.		23b. ADDRESS Van Buren, Mo	
23c. DATE SIGNED 3/5/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-13-52	
24c. NAME OF CEMETERY OR CREMATORY Joint Cemeteries		24d. LOCATION (City, town, or county) (State) Reynolds County, Mo	
DATE REC'D BY LOCAL REG. Mar. 15-52		REGISTRAR'S SIGNATURE 56-0 Mrs. Oeta Benson	
25. FUNERAL DIRECTOR'S SIGNATURE Coleman W. Spalden		ADDRESS Van Buren Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0180
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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..... *Allen E. McSpencer*

Licensed Embalmer No. *4543*

P. O. Address..... *Tran Bunn, Me*

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.