

No. 3007
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21556

State File No. 1

JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6012 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Chariton Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Chariton Twp. 0880	
c. LENGTH OF STAY (in this place) few hrs.		d. STREET ADDRESS (If rural, give location) near College Mound	
d. FULL NAME OF HOSPITAL OR INSTITUTION near College Mound		d. STREET ADDRESS (If rural, give location) near College Mound	

3. NAME OF DECEASED (Type or Print)	a. (First) Carl	b. (Middle) LeRoy	c. (Last) Buchanan	4. DATE OF DEATH (Month) (Day) (Year) July 1 1952
-------------------------------------	------------------------	--------------------------	---------------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 2, 1938	9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
--------------------	-------------------------------	--	-------------------------------------	---	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general laborer	10b. KIND OF BUSINESS OR INDUSTRY general laborer	11. BIRTHPLACE (State or foreign country) Hamden, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	---	--

13a. FATHER'S NAME James Buchanan	13b. MOTHER'S MAIDEN NAME Illa Cook	14. NAME OF HUSBAND OR WIFE none
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jesse Shawk; College Mound, 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		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crush injury chest		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crater turning over Pinning him under it DUE TO (c) E9121 3		
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) Accident on car	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.F.D. College Mound	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Randolph Mo
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 1-52	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Crater turned over Pinning him
--	---	--

22. I hereby certify that I attended the deceased from **about** 19 **19**, to **19**, that I last saw the deceased alive on **about**, 19 **19**, and that death occurred at **6:30** P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas C. Basson Coroner	23b. ADDRESS Mo. July 1-52	23c. DATE SIGNED July 1-52
--	-----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-3-1952	24c. NAME OF CEMETERY OR CREMATORY McCurry Cemetery	24d. LOCATION (City, town, or county) (State) Mo.
---	---------------------------	--	--

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE 279	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B Patton Huntville
--------------------------	----------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

603

X

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 Tom B. Patton.....

Licensed Embalmer No. 3914.....

P. O. Address Huntsville, Ind.....

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.