

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21189**

No. 100
10-48
FILED JUL 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <p align="center">Dunklin</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Mo</p> b. COUNTY <p align="center">Dunklin</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Rural Independence</p>		c. LENGTH OF STAY (In this place) Yrs. <p align="center">Yrs.</p>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Rural Independence</p>		d. STREET ADDRESS (If rural, give location) <p align="center">Kennett Mo Rt. 2</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">James</p> b. (Middle) <p align="center">W.</p> c. (Last) <p align="center">Buckanon</p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">June 27, 1953</p>		
5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Widowed</p>	8. DATE OF BIRTH <p align="center">July 8, 1872</p>	9. AGE (In years last birthday) <p align="center">80</p>	IF UNDER 1 YEAR Months <p align="center">80</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Farmer</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Tenn.</p>	
12. CITIZEN OF WHAT COUNTRY? <p align="center">U. S.</p>					

13a. FATHER'S NAME <p align="center">D. K.</p>		13b. MOTHER'S MAIDEN NAME <p align="center">D. K.</p>		14. NAME OF HUSBAND OR WIFE <p align="center">Lou Emma Buchanon</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">NO</p>		16. SOCIAL SECURITY NO. <p align="center">NO</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">John Buchanon Kennett Rt. 2</p>	

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 <p align="center">1 week</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Cardiac Decompensation</p>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p align="center">Hypertension</p> DUE TO (c) <p align="center">arteriosclerosis</p>		
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 <p align="center">443X</p>		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 June 12, 1953, to June 27, 1953, that I last saw the deceased alive on June 27, 1953, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p align="center">Chester R. Peck M.D.</p>		23b. ADDRESS <p align="center">Kennett, Mo.</p>		23c. DATE SIGNED <p align="center">June 30, 53</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Buried</p>		24b. DATE <p align="center">June 29, 1953</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Gregory</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Dunklin Co. Mo</p>	
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DATE REC'D BY LOCAL REG. <p align="center">7-2-53</p>		REGISTRAR'S SIGNATURE <p align="center">Carl Husband</p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p align="center">W. H. Irby Rector Ark.</p>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT..... 7-3-53

COUNTY FILE NUMBER 753-179

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 Don Mc Bride

Licensed Embalmer No. 776

P. O. Address Pectora, Pa

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.