

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16343

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 6 yrs		d. STREET ADDRESS (If rural, give location) 2609 Virginia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2609 Virginia			

3. NAME OF DECEASED (Type or Print) CHARLES H. Buchanan	4. DATE OF DEATH (Month) (Day) (Year) 5-28-1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-31-1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Days 6	IF UNDER 24 HRS. Hours 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Father	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Francis Marion Buchanan	13b. MOTHER'S MAIDEN NAME Katie Zeigler	14. NAME OF HUSBAND OR WIFE IDA Buchanan
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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. None	17. INFORMANT'S SIGNATURE OR NAME Ida Buchanan 2609 Virginia, Joplin, Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured (left) femur</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Anterior tibia &amp; fibula</u> DUE TO (c) <u>Prostate</u>		
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 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 7/21, 1951, to 5/28, 1954, that I last saw the deceased alive on 7, 19, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE G. A. Schulte, M. D.	Degree or title M.D.	23b. ADDRESS 421 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 6/3/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-30-1954	24c. NAME OF CEMETERY OR CREMATORY Carl Junction	24d. LOCATION (City, town, or county) (State) Carl Junction Mo
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DATE REC'D BY LOCAL REG. 6-4-54	REGISTRAR'S SIGNATURE G. A. Schulte	25. FUNERAL DIRECTOR'S SIGNATURE Carl Junction	ADDRESS Carl Junction Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 23 1957

RECEIVED JUN 7 1954

Jasper County Health Office

County File Number 54-6-441

Date Filed JUN 7 1954

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 Hurley E. Amice

Licensed Embalmer No. 4463

P. O. Address Well City, 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.