

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19565**

058
0

10.48

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3037 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline - Hartsville</u>	
c. LENGTH OF STAY (in this place) <u>12 hr</u>		d. STREET ADDRESS (If rural, give location) <u>0210 6 14 1954</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Arthur</u> b. (Middle) _____ c. (Last) <u>Buchanan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 14 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>12-6-1880</u>
9. AGE (In years last birthday) <u>73</u> Months <u>6</u> Days <u>8</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Keytesville Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____			
13a. FATHER'S NAME <u>George</u>		13b. MOTHER'S MAIDEN NAME <u>Myra Guthrie</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Ruth (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry Buchanan</u>		ADDRESS <u>Keytesville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute sclerotic renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Diabetic disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	
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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>6-1-54</u> , 19 <u>54</u> , to <u>6-14-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-14-54</u> , 19 <u>54</u> , and that death occurred at <u>9:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Marceline M</u> (Degree or title) _____		23b. ADDRESS <u>Marceline Mo</u>	
23c. DATE SIGNED <u>6-16-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>6/16/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>12 MS Marceline Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-16-54</u>		REGISTRAR'S SIGNATURE <u>Mary Lane Ridgway</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James M Laughlin</u>		ADDRESS <u>Marceline Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

George Trammell

Licensed Embalmer No. 4425

P. O. Address Marceline, 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.