

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10662

State File No.

FILED MAR 31 1955

BIRTH NO. REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4476 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downing</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downing</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0980</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Skidmore</u> c. (Last) <u>Buchanan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 29, 1869</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming & Millwork</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>85</u> 10 MONTHS <u>3</u> 11 DAYS <u>23</u>
		11. BIRTHPLACE (State or foreign country) <u>Butland Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Matthew R. Buchanan</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa H. Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Erie Buchanan</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>Mrs. Nonnie McRoberts</u> ADDRESS <u>Birmingham, Mich.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris Heart</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>No. Accident</u> DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Age</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>No Operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓ ✓ ✓</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>

22. I hereby certify that I attended the deceased from March, 1955, **to** March, 1955, **that I last saw the deceased alive on** March 22, 1955, **and that death occurred at** 1-30P m., **from the causes and on the date stated above.**

23a. SIGNATURE <u>H. E. Gerwig</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Downing Mo</u>	23c. DATE SIGNED <u>3-24-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Downing Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Moore Funeral Home</u> ADDRESS <u>Downing, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 24/55</u>	REGISTRAR'S SIGNATURE <u>Miss. Ruth Drake</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

Reed Payne

Licensed Embalmer No. *2550*

P. O. Address *Memphis 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.