

FILED OCT 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29081

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 540

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give street address and give town or rural district or township) Rural District		c. CITY OR TOWN Bloomfield R.1	
c. LENGTH OF STAY (In this place) 1.5. 60 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital		e. STREET ADDRESS (If rural, give location) Poplar Bluff Mo, 10301	

3. NAME OF DECEASED (Type or Print)	a. (First) Fred	b. (Middle) H	c. (Last) Buchanan,	4. DATE OF DEATH (Month) (Day) (Year)	9 9 55
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 2 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Contractor	11. BIRTHPLACE (City and State or Foreign Country) Puxico Mo.	12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Duncan Buchanan	13b. MOTHER'S MAIDEN NAME Mary Gibbs	14. NAME OF HUSBAND OR WIFE Laura Buchanan,
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. 499-03-8754	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Monroe Buchanan Puxico 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
	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)	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-9**, 19**55**, to **9-9**, 19**55**, that I last saw the deceased alive on **9-9**, 19**55**, and that death occurred **from the causes and on the date stated above.**

23a. SIGNATURE Grover W. Free	23b. ADDRESS Poplar Bluff Mo.	23c. DATE SIGNED 10-18-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-12-55	24c. NAME OF CEMETERY OR CREMATORY Elliott
24d. LOCATION (City, town, or county) (State) Rural Stoddard Co Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons, Puxico Mo,	

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **10/8/55** **W. M. Miller** 489-
Statement on Reverse Side)

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

RECEIVED
OCT 10 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

OCT 28 1955

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 _____
Signature of Student Embalmer

Signed *Carl N. Watkins* _____

Licensed Embalmer No. *496* _____

P. O. Address *Dexter* _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.