

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17637**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4385**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Robinson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		e. STREET ADDRESS (If rural, give location) unknown	
c. LENGTH OF STAY (in this place) 4 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) MARY BUCHANAN			4. DATE OF DEATH 4-30-56		
a. (First)	b. (Middle)	c. (Last)	Date (Month)	Date (Day)	Date (Year)
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-13-1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) funeral director	10b. KIND OF BUSINESS OR INDUSTRY Funeral Direct.	11. BIRTHPLACE (City and State or Foreign Country) Robinson, Ill.	12. CITIZEN OF WHAT COUNTRY? USA	IF UNDER 24 HRS. Hours Min.	

13a. FATHER'S NAME Thomas G. Smith	13b. MOTHER'S MAIDEN NAME Ella McComb	14. NAME OF HUSBAND OR WIFE Aubrey Buchanan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 343-32-5330	17. INFORMANT'S SIGNATURE OR NAME Aubrey Buchanan, Robinson, Ill.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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) Medication pneumothorax, massive collapse of left lung; Brain tumor, following operation at Hospital		INTERVAL BETWEEN ONSET AND DEATH
	2. OTHER SIGNIFICANT CONDITIONS (b) Conditions contributing to the death but not related to the disease or condition causing death. April 30th 1956 at 3:05 pm		
	3. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident 193X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shop	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 30 56 3p.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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Decker, Jr.	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 5/5/56
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 5-2-56	24c. NAME OF CEMETERY OR CREMATORY
	24d. LOCATION (City, town, or county) (State) Robinson, Ill.	

DATE REC'D BY LOCAL REG. MAY 4 1956	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Buchanan, Robinson, Ill.
		ADDRESS

S.P. (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 emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Ben E. Hoffman

Licensed Embalmer No. *42*

P. O. Address.....
Alger

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (F
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.