

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027893
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sikeston 0720 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital Length of stay in 1b 1 day		d. STREET ADDRESS (If outside, give location) Rt. #3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Melvin Middle Gilbert Last Buchanan			4. DATE OF DEATH Month 7 Day 4 Year 58		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH I2-29-1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Buchanan			14. MOTHER'S MAIDEN NAME Olie Godwin		
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. —	17. INFORMANT Joel Buchanan, Sikeston, Missouri Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Arteriosclerotic Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Vascular disease DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		443X

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour — Month — Day — Year — a. m. — p. m. —	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Sikeston COUNTY MO STATE MO
21. I attended the deceased from 7-1-58 to 7-4-58 and last saw her/him alive on 7-4-58 Death occurred at 12:55 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Walter Dargatzis M.D.	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 7-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-6-58	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
23d. LOCATION (City, town, or county) Sikeston		(State) MO

24. FUNERAL DIRECTOR Welsh Funeral Home-Sikeston Mo	ADDRESS —	25. DATE RECD. BY LOCAL REG. 7-8-58	26. REGISTRAR'S SIGNATURE Mr. Blair Hunter
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service 3 0 300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED 7-14-58

SCOTT CO. HEALTH DEPT.

CO. FILE No. 758-171

WS DEC 4 1958

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..... *Raymond Crews*

Licensed Embalmer No. 346

P. O. Address Pequot

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