

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046930

STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 4501 Registrar's No. 37

**FILED DEC 23 1958**

|  |                                |   |   |
|--|--------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Stoddard</u>   |                                | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bloomfield</u><br>Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                | c. CITY OR TOWN <u>Bloomfield</u> <u>1030</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |   |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u><br>Length of stay in 1b yrs. <u>---</u>   |                                | d. STREET ADDRESS (If outside, give location) <u>---</u><br>Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>                         |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>CORA</u> Middle <u>VIRGINIA</u> Last <u>BUCHANAN</u>   |                                |   | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>13</u> Year <u>1958</u>                              |
| 5. SEX <u>F.</u>   | 6. COLOR OR RACE <u>W.</u>     | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Feb. 4, 1873</u>   |
| 9. AGE (In years last birthday) <u>85</u>  |                                | IF UNDER 1 YEAR<br>Month <u>10</u> Days <u>9</u>  | IF UNDER 24 HRS.<br>Hours <u>---</u> Min. <u>---</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |                                | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>at home</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Stoddard co. Missouri</u>                        |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |                                | 13. FATHER'S NAME<br><u>H. Poe</u>  |   |
| 14. MOTHER'S MAIDEN NAME<br><u>Susan Patterson</u>   |                                | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)  |   |
| 16. SOCIAL SECURITY NO.  |                                | 17. INFORMANT<br><u>Mrs. Ernest Moore, Dexter, St. Rt. Mo.</u><br>Address   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Mesenteric Thrombosis -</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral Thrombosis (occlusion)</u><br>DUE TO (c) <u>Atherosclerosis</u> |                                |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 days</u><br><u>8 days</u>                                |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><u>4201</u>  |                                |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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<br>Hour <u>---</u> Month <u>---</u> Day <u>---</u> Year <u>---</u><br>a. m. <u>---</u> p. m. <u>---</u>  |                                |   |   |
| 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 COUNTY STATE   |
| 21. I attended the deceased from <u>June 57</u> to <u>Dec 13/1958</u> last saw her alive on <u>Dec 13, 1958</u><br>Death occurred at <u>12:07 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                |   |   |
| 22a. SIGNATURE (Do not print)<br><u>Stephen Paul [Signature]</u>   |                                | 22b. ADDRESS<br><u>Bloomfield Mo</u>  | 22c. DATE SIGNED<br><u>12-17-58</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Dec. 14-58</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>West Pleasant Valley</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Stoddard Co. Missouri</u>                     |
| 24. FUNERAL DIRECTOR<br><u>CHILES UND.CO., BLOOMFIELD, MO.</u>   |                                | 25. DATE RECD. BY LOCAL REG.<br><u>12-19-58</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. George L. Baker</u>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 Lulu Cooper # 3499....., ~~Student Embalmer No.~~.....

~~working under my personal supervision.~~

Student.....  
Signature of Student Embalmer

Signed Lulu B. Cooper  
Licensed Embalmer No. 4119

P. O. Address Bloomfield

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.