URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039145

STATE FILE NUMBER

FILED VS NOV 7 1960

ENDED

Registration District No. 245 Primary Registration District No. 5834 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Newton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Diamond — Length of stay in 1b years	c. CITY OR TOWN Diamond — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Harry Middle Oral Last Buchanan		4. DATE OF DEATH Month October Day 26, Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4-12-1877
9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Peace Officer	10b. KIND OF BUSINESS OR INDUSTRY Police Man	11. BIRTHPLACE (City and state or country) Thayer, Kansas	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William H. Buchanan	13b. MOTHER'S MAIDEN NAME Thresa Hefley	14. NAME OF HUSBAND OR WIFE Benella Buchanan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 500-01-0592	17. INFORMANT Address Mrs. Benella Buchanan Diamond, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Jaw upper right

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1950, to Oct 26, 1960 and last saw her/him alive on

Death occurred at Oct. 26, 1960 8:05 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. G. Whitehead MD	22b. ADDRESS Neosho MO	22c. DATE SIGNED 10-28-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-28-1960	23c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery
23d. LOCATION (City, town, or county) (State) Diamond, Missouri		
24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home Diamond, Mo.	25. DATE RECD. BY LOCAL REG. 10-27-60	26. REGISTRAR'S SIGNATURE Melvin C. Bowman MD By RC

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Floyd E. Schumacher

Licensed Embalmer No. 4923

P. O. Address Box 530 Granby, M

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