

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040261

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 283
FILED DEC 4 1961

Primary Registration District No. 3007

Registrar's No. 425

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 1556 DAYS	c. CITY OR TOWN FI SK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS BOX 716		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SIMON Middle McKINLEY Last BUCHANAN			4. DATE OF DEATH Month SEPTEMBER Day 14 Year 1961			
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 3-19-97	9. AGE (last birthday) 64	IF UNDER 1 YEAR 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 AGRICULTURE	11. BIRTHPLACE (City and state or country) DATTO, ARKANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ATHA BUCHANAN		13b. MOTHER'S MAIDEN NAME MARY VAUGHN		14. NAME OF HUSBAND OR WIFE MARTHA BUCHANAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WTI	17. INFORMANT UNKNOWN	Address VA HOSPITAL RECORDS, POPLAR BLUFF, 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) ALVEOLAR CELL CARCINOMA OF LUNG.					INTERVAL BETWEEN ONSET AND DEATH 5 Months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. ASTHMATIC BRONCHITIS. 2. PULMONARY EMPHYSEMA.				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? 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 Hour a.m. p.m.	Month, Day, Year					
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. attended the deceased from June 12, 1961 to Sept. 14, 1961	Death occurred at 11:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert S. Cohen ROBERT S. COHEN, M.D., Chief, Medical Svc. VA Hospital, Poplar Bluff, Mo.			22b. ADDRESS		22c. DATE SIGNED 9/19/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-17-1961	23c. NAME OF CEMETERY OR CREMATORY Shain Memorial	23d. LOCATION (City, town, or county) (State) Butler, Co., Mo.			
24. FUNERAL DIRECTOR J.C. White		ADDRESS Fisk, Mo.	25. DATE RECD. BY LOCAL REG. 12/1/61	26. REGISTRAR'S SIGNATURE Thelma Graham		

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 J. Duffin

Licensed Embalmer No. 4798

P. O. Address Berme, Mo.

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.