

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045420
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3026 Registrar's No. 22

AMENDED

FILED JAN 4 1962				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <u>Lawrence</u>				a. STATE <u>Missouri</u> COUNTY <u>Lawrence</u> admission				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		Length of stay in 1b <u>years</u>		c. CITY OR TOWN <u>Aurora</u>		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>Aurora Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>123 W. St. Louis</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>GEORGE ROY BUCHANAN</u>				4. DATE OF DEATH <u>DEC. 27, 1961</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/22/02</u>		
				9. AGE (last birthday) <u>69</u>		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) <u>RET. RAILROADER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>TRANSPORTATION</u>		11. BIRTHPLACE (City and state or country) <u>AURORA, MO.</u>		
						12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>ANDY BUCHANAN</u>			13b. MOTHER'S MAIDEN NAME <u>EMERY LETSINGER</u>			14. NAME OF HUSBAND OR WIFE <u>ZHUBER BUCHANAN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>				17. INFORMANT <u>MRS. ZHUBER BUCHANAN: AURORA, MO.</u> Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-Respiratory Syndrome</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>		
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) <u>Advanced Rheumatoid Arthritis</u>						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 checked="" 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. I attended the deceased from <u>Feb 1959</u> to <u>Dec 27, 1961</u> and last saw <u>him</u> alive on <u>Dec 26, 1961</u> . Death occurred at <u>5:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>[Signature]</u>				22b. ADDRESS <u>200 S. Elliott, Aurora MO</u>		22c. DATE SIGNED <u>12-28-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12/29/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>AURORA, MO.</u>		
24. FUNERAL DIRECTOR <u>ARNOLD'S FUNERAL HOME: AURORA, MO.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>12/29/61</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 9 1962

JAN 9 1962

FEB 6 1962

Issued Dec. 29, 1961

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 Ervin R. Arnold

Licensed Embalmer No. 4929

P. O. Address AURORA, 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.