

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-022215**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 33

**FILED JUN 19 1962**

**1. PLACE OF DEATH**

a. COUNTY

Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Osage Township

Length of stay in 1b

9 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

At-Home

**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)**

a. STATE

Mo

b. COUNTY

Camden

c. CITY OR TOWN

Camden

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Lake Road 5-91

Reside on Farm

Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First

William

Middle

Henry

Last

Buchanan

**4. DATE OF DEATH**

Month

June

Day

16

Year

1962

**5. SEX**

Male

**6. COLOR OR RACE**

White

**7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐**

**8. DATE OF BIRTH**

Nov. 14-1886

**9. AGE (last birthday)**

75

**IF UNDER 1 YEAR**

Months 7 Days 2

**IF UNDER 24 HR**

Hours 7 Min. 2

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**

Retired Salesman

**10b. KIND OF BUSINESS OR INDUSTRY**

Gas and Oil

**11. BIRTHPLACE (City and state or country)**

Hamilton Canada

**12. CITIZEN OF WHAT COUNTRY**

U.S.A.

**13a. FATHER'S NAME**

William H. Buchanan

**13b. MOTHER'S MAIDEN NAME**

Jessie Smith

**14. NAME OF HUSBAND OR WIFE**

Mary A. Buchanan

**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.**

327-10-6993

**17. INFORMANT**

Mrs Mary A. Buchanan, Camden 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 the Descending Colon with Intra-

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

DUE TO (b)

abdominal Metastases

DUE TO (c)

**INTERVAL BETWEEN ONSET AND DEATH**

15 months

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

None

**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 April 17, 1961 to June 16 1962 and last saw her alive on June 7, 1962

Death occurred at 11:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

(Degree or title)

Thomas A. Wayland M.D.

**22b. ADDRESS**

Camden, Mo

**22c. DATE SIGNED**

6,16,62

**23a. BURIAL, CREMATION, REMOVAL (Specify)**

Burial

**23b. DATE**

June 19, 1962

**23c. NAME OF CEMETERY OR CREMATORY**

Queen Heaven Cemetery

**23d. LOCATION (City, town, or county)**

Chicago

Illinois

**24. FUNERAL DIRECTOR**

Robert H. Reed, Camden Mo.

**ADDRESS**

**25. DATE RECD. BY LOCAL REG.**

June 16-1962

**26. REGISTRAR'S SIGNATURE**

Zilpha J. Draw

JUN 26 1962

### 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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.