

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17651

BIRTH NO.		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 5037		Registrar's No. 123	
1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Salt River twsp. 5 Wks</b>		c. LENGTH OF STAY (in this place) <b>5 Wks</b>		c. CITY OR TOWN <b>Salisbury</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. F. D. 4</b>				STREET ADDRESS (If rural, give location) <b>2210</b>			
3. NAME OF DECEASED (Type or Print) <b>Minnie</b>		a. (First)		b. (Middle)		c. (Last) <b>Buchanan</b>	
4. DATE OF DEATH <b>July 1 1955</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>Dec. 1, 1875</b>		9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Linn County Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John McClaran</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Cassity</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. F. N. Stark</b>		ADDRESS <b>Mexico, Mo. RFD4</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anterior thrombosis</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>4-30, 1955</b> to <b>6-29, 1955</b> , that I last saw the deceased alive on <b>6-29, 1955</b> , and that death occurred at <b>4:45 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>M. D. Kellum</b>				23b. ADDRESS <b>M.D. Mexico, Mo</b>		23c. DATE SIGNED <b>July 3/1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-3-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Salisbury Missouri</b>	
DATE REC'D BY LOCAL REG. <b>July 3-1955</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arnold Funeral Home</b> ADDRESS <b>Mexico, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

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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.....

*Chas. A. [Signature]*

Licensed Embalmer No.....

P. O. Address *Mexico*

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.