

FILED MAR 25 1968

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 79

- DO NOT WRITE ON THIS STUB
- 9. 1
 - 10a. 77
 - 10b.
 - 11. 0
 - 12. 1
 - 13. 4100
 - 14.
 - 15. 4
 - 16.
 - 17.
 - 18. 2
 - 19. CREDITS
 - 20. 1-e

VS 300
Rev. 1/68

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. RUTH AGNES BUCHANAN			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. March 15, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 77	UNDER 1 YEAR 5b. 77	UNDER 1 DAY 5c. 77	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Jan. 3, 1891
CITY, TOWN, OR LOCATION OF DEATH 7a. Clinton		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. Wetzel Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Arlington Buchanan	
SOCIAL SECURITY NUMBER 12. None	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Housewife	KIND OF BUSINESS OR INDUSTRY 13b. -		
RESIDENCE—STATE 14a. Missouri	COUNTY 14b. Henry	CITY, TOWN, OR LOCATION 14c. Clinton	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	STREET AND NUMBER 14e. 311 West Green
FATHER—NAME 15. Clem Graham	MOTHER—MAIDEN NAME 16. Elizabeth Rouse	INFORMANT—NAME 17a. Arlington Buchanan		
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OF TOWN, STATE, ZIP) 17b. 311 West Green, Clinton, Missouri 64735			PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	
18. IMMEDIATE CAUSE (a) Coronary Thrombosis			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 min.	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) Hypertertion			years	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Diabetis			19a. No	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. Mar. 4, 1967	MONTH DAY YEAR 21b. Mar 15, 68	AND LAST SAW HIM/HER ALIVE ON 21c. Mar 15, 68	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Yes	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 2:50 P.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b. 2:30 P.M.	THE DECEASED WAS PRONOUNCED DEAD 22c. March 15, 1968	HOUR 22d. 2:50 P.M.
CERTIFIER—NAME (TYPE OR PRINT) 23a. R.J. Powell D.O.	SIGNATURE 23b. <i>R. J. Powell</i>	DATE SIGNED (MONTH, DAY, YEAR) 23c. Mar 16, 1968		
MAILING ADDRESS—CERTIFIER 23d. 105 E. Ohio St.		CITY OR TOWN 23e. Clinton	STATE 23f. Missouri	ZIP 23g. 64735
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Englewood	LOCATION 24c. Clinton, Missouri		
DATE 24d. March 18, 1968	FUNERAL HOME—NAME AND ADDRESS 24e. Consalus Funeral Home, 209 S. 2d St., Clinton, Mo 64735			
FUNERAL DIRECTOR—SIGNATURE 25a. <i>E. G. Conalus</i>	REGISTRAR—SIGNATURE 26a. <i>Mildred Begum</i>	DATE RECEIVED BY LOCAL REGISTRAR 26b. 3-18-1968		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 Eugene R. Convalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.