

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17560**

FILED MAY 24 1950

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

BIRTH NO. _____		REG. DIST. NO. 226		PRIMARY REG. DIST. NO. 4337		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe			
b. CITY OR TOWN Madison				c. CITY OR TOWN Madison 0690			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____ 0			
3. NAME OF DECEASED (Type or Print) a. (First) CALVIN			b. (Middle) _____			c. (Last) CANADAY	
4. DATE OF DEATH May 13-1950		5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct 18/1881		9. AGE (In years last birthday) 68		10. KIND OF BUSINESS OR INDUSTRY Daily Labor		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY? USA		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Daily Labor		11. BIRTHPLACE (State or foreign country) Iowa	
13a. FATHER'S NAME Jim Canady			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE Georgia Canady	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Alvin Canady ADDRESS 402 W. ...		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					331X
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) X (Day) _____ (Year) _____ (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from X , 19 4 , to X , 19 50 , that I last saw the deceased alive on X , 19 4 , and that death occurred about 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Russell M. Wilson (Degree or title) Coroner			23b. ADDRESS Monroe City Missouri		23c. DATE SIGNED May 13/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) buried		24b. DATE May 17/50		24c. NAME OF CEMETERY OR CREMATORY Sweet Hill		24d. LOCATION (City, town, or county) (State) Madison Mo	
DATE REC'D BY LOCAL REG. May 16, 1950		REGISTRAR'S SIGNATURE Anna Margaret Burdett 437		25. FUNERAL DIRECTOR'S SIGNATURE Vred A. Thompson ADDRESS Madison Mo			

RECEIVED MAY 22 1950
District Health Officer No. 10
District File Number 5-50-82
Date Filed

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
Student Embalmer

Signed

Fred A. Thompson

Licensed Embalmer No. 1420

P. O. Address. *Madison, Ill.*

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 this body is not embalmed, fact should be so stated above.