

FILED JUL 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24473

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>306L</u>		Registrar's No. <u>244</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		<u>1947</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 Spruce</u>				d. STREET ADDRESS (If rural, give location) <u>303 Spruce</u>							
3. NAME OF DECEASED (First) <u>ROSA</u>			b. (Middle)		c. (Last) <u>CANADA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 19, 1874</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 1 YEAR Days <u>22</u>	IF UNDER 1 YEAR Hours <u>1</u>	IF UNDER 1 YEAR Min. <u>1</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Edward Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Lincoln</u>		14. NAME OF HUSBAND OR WIFE <u>Logan Canada</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Monroe Stacy Womack</u>				ADDRESS <u>Mo.</u>			
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) <u>Subarachnoid Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension.</u>						<u>unknown</u>			
		DUE TO (c)									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>380X</u>			
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)		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) (Day) (Year) (Hour)		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 <u>6-12-1950</u> , to <u>7-11-1950</u> , that I last saw the deceased alive on <u>7-10-1950</u> , and that death occurred at <u>4:15 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Byron H. Taylor M.D.</u>				23b. ADDRESS <u>Flat River Mo.</u>			23c. DATE SIGNED <u>7-15-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Littleville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Littleville Mo.</u>						
DATE REC'D BY LOCAL REG. <u>July 17, 1950</u>		REGISTRAR'S SIGNATURE <u>289</u> <u>Ether Rudolph</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>					ADDRESS <u>Flat River, Mo.</u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

R. Caldwell

Signed.....
Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat Riverme

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.