S. No. 300
v. 10.48

0450

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

FILED AUG 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26705

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4429 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Franklin
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Franklin 0450
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas b. (Middle) Jackson c. (Last) Canole

4. DATE OF DEATH (Month) Aug (Day) 21 (Year) 1950

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Feb. 26, 1866 **9. AGE** (In years last birthday) 84 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer.
11. BIRTHPLACE (State or foreign country) Howard.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Canole
13b. MOTHER'S MAIDEN NAME Margaret Alderson
14. NAME OF ~~HUSBAND~~ OR WIFE Emma Watkins Conner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S SIGNATURE OR NAME John T. Canole **ADDRESS** R.R. 20 Box 86 Mo.

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral arteriosclerosis — unknown
DUE TO (c) arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. myocarditis, arteriosclerotic — unknown

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

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) 332λ
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Aug 16, 1950, *to* Aug 21, 1950, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE G. L. Chamberlain (Degree or title) M.D.
23b. ADDRESS New Franklin Mo
23c. DATE SIGNED 8/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 23/50
24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge
24d. LOCATION (City, town, or county) Fayette (State) Mo.

DATE REC'D BY LOCAL REG. 8-23-50
REGISTRAR'S SIGNATURE Mary K. Shelle 436
25. FUNERAL DIRECTOR'S SIGNATURE G. L. Hall **ADDRESS** New Franklin Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-29-50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 8-29-50

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.

Signed H. L. Hall

Signed ..... Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franklin 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 this body is not embalmed, fact should be so stated above.