

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29801
Registrar's No. 66

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015

I. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron
c. LENGTH OF STAY (in this place) 70 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION 409 S. Cherry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo. b. COUNTY Clinton
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron
d. STREET ADDRESS (If rural, give location) 608 East 7th.

3. NAME OF DECEASED
a. (First) Nettie b. (Middle) Gertrude c. (Last) Kanan
4. DATE OF DEATH (Month) (Day) (Year) Sept. 16 1950

5. SEX female **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** widowed **8. DATE OF BIRTH** May 23, 1880 **9. AGE** (In years) 70 (If under 1 year last birthday) Months Days (If under 24 hrs. Hour Min.)

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

13a. FATHER'S NAME Henry T. Thomas **13b. MOTHER'S MAIDEN NAME** Mary Isabella Roper **14. NAME OF HUSBAND OR WIFE** Patrick J. Kanan (dec.)

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** Mrs. Madge Kenney, Cameron, Mo. **ADDRESS** _____

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease with coronary sclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

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)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **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 May 22, 1950, to Sept 16, 1950, that I last saw the deceased alive on Sept 13, 1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. B. Compton **23b. ADDRESS** 202 Cameron Mo **23c. DATE SIGNED** 9-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial **24b. DATE** 9-18-50 **24c. NAME OF CEMETERY OR CREMATORY** Packard **24d. LOCATION** (City, town, or county) (State) Cameron Mo.

DATE REC'D BY LOCAL REG. 9-18-50 **REGISTRAR'S SIGNATURE** Winifred W. Moser **390** **25. FUNERAL DIRECTOR'S SIGNATURE** DeMoss Crunk **ADDRESS** Cameron, Mo.

(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
Student Embalmer

Signed

Laurence J. Thompson

Licensed Embalmer No.

4785

P. O. Address

Cameron, 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.