

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13193

5

BIRTH NO. REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 4301 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Linn</i>	
b. CITY OR TOWN <i>Meaderville</i>	c. LENGTH OF STAY (in this place)	c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <i>Meaderville</i>	<i>0580</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (if rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM</i> b. (Middle) <i>CLARENCE</i> c. (Last) <i>CANFIELD</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Apr-13-1951</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec-16-1880</i>	9. AGE (in years last birthday) <i>70</i>	IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <i>3 27</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign county) <i>Princeton Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Frank Canfield</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Burris</i>	14. NAME OF HUSBAND OR WIFE <i>Leona Canfield</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Leona Canfield Meaderville Mo</i>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Stomach</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 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 <i>151X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 *Feb 14, 1951*, to *Apr. 12, 1951*, that I last saw the deceased alive on *Apr. 13, 1951*, and that death occurred at *4 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <i>Dr. Bryan</i>	23b. ADDRESS <i>Wheeling, Mo.</i>	23c. DATE SIGNED <i>4-13-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Apr-15-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Meaderville Cem</i>
24d. LOCATION (City, town, or county) (State) <i>Meaderville Mo.</i>		

DATE REC'D BY LOCAL REG. <i>Apr. 14-1951</i>	REGISTRAR'S SIGNATURE <i>Chris A. Matern</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>169 Hill Funeral Home Bradford Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

0580

Date Received: APR 16 1951

DISTRICT HEALTH OFFICE #2

District File Number 4-51-724

Date Filed: APR 16 1951

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

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.