

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31134

State File No.

SEP 23 1952

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 4150 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boulton</u> <u>12-F-1</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Assembly of God Church</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minor</u> b. (Middle) <u>Jesse</u> c. (Last) <u>Cannady</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 19-1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Nov. 25-1878</u>		9. AGE (in years last birthday) <u>73</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	

13a. FATHER'S NAME <u>Daniel Cannady</u>		13b. MOTHER'S MAIDEN NAME <u>Mary ANN Wade</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Jane Boykes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-14-7417</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lucy Cannady Boulton MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>LESS THAN 3 MINUTES</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY ARTERY OCCLUSION</u>		DUE TO (b) <u>ATHEROSCLEROSIS</u>				<u>40 YEARS</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>ESSENTIAL HYPERTENSION</u>				<u>50 YEARS</u>	
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 <u>4201</u>				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 8-28, 1952, to 9-19, 1952, that I last saw the deceased alive on SEPT 14, 1952, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard T. Walden M.D.</u>		23b. ADDRESS <u>Boulton Missouri</u>		23c. DATE SIGNED <u>21 Sept 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 22-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Cuba Rt 2 MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harman G. Haener Cuba Mo</u>			
DATE REC'D BY LOCAL REG. <u>9/22/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

280
3

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 Harmon C. Hoese
Licensed Embalmer No. 4623
P. O. Address Yuba, Missouri

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.