

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44303**

FILED JAN 6 - 1953

BIRTH NO. --- REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **202**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada 1082	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital		d. STREET ADDRESS (If rural, give location) 702 N. Clay St.	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) C. c. (Last) Canaday		4. DATE OF DEATH (Month) (Day) (Year) 12-23-52	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3	8. DATE OF BIRTH Oct. 8, 1907
9. AGE (In years last birthday) 45		10. MONTHS 2	11. DAYS 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (City and State or Foreign Country) Center-Ville Kans
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John C. Canaday	
13b. MOTHER'S MAIDEN NAME Louisa Canaday		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or years of service) 1942-1944		16. SOCIAL SECURITY NO. 491-05-9381	
17. INFORMANT'S SIGNATURE OR NAME Ralph Canaday		ADDRESS Nevada, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES DUE TO (b) Influenza About a week DUE TO (c) Dont Know II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dont Know 480X	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? No injury			
22. I hereby certify that I attended the deceased from 12/22, 1952 , to 12/23, 1952 , that I last saw the deceased alive on 12/23, 1952 and that death occurred at 1:55am. , from the causes and on the date stated above.			
23a. SIGNATURE W. P. Love MD		23b. ADDRESS Nevada, Mo	
23c. DATE SIGNED 12/25/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-24-52	
24c. NAME OF CEMETERY OR CREMATORY Deerfield cemetery		24d. LOCATION (City, town, or county) (State) Deerfield, Mo	
DATE REC'D BY LOCAL REG. 12-21-52		REGISTRAR'S SIGNATURE Anna J. Ferry	
25. FUNERAL DIRECTOR'S SIGNATURE Eichinger Funeral Home		ADDRESS	

JAN 14 1953

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

Percy F. Milster

Licensed Embalmer No. *5805*

P. O. Address *Derby, 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.