

FILED FEB 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2336

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>5840</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-VanBuren Twsp.</u>		c. LENGTH OF STAY (in this place) <u>84 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Van Buren Twsp. 0730</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R-2, Pierce City</u>				d. STREET ADDRESS (If rural, give location) <u>R-2, Pierce City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bailey</u>		b. (Middle) <u>Johnson</u>		c. (Last) <u>Canady</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-22-1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>8-19-1868</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Pierce City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alfred Canady</u>			13b. MOTHER'S MAIDEN NAME <u>Judy Reynolds</u>			14. NAME OF HUSBAND OR WIFE _____	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rev. A. V. Canady - Gravette, Ark.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>331X</u>			
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 <u>5-12-1951</u> , to <u>1-22, 1953</u> , that I last saw the deceased alive on <u>1-21, 1953</u> , and that death occurred at <u>6:20P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles S. Moore D.O.</u>				23b. ADDRESS <u>Pierce City Mo</u>		23c. DATE SIGNED <u>1-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-25-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Van Buren, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 8, 1953</u>		REGISTRAR'S SIGNATURE <u>M.L. Young</u>		417-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Siloam Springs, Ark.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48730
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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 *E. B. Smith*

Licensed Embalmer No. *3211*

P. O. Address *Sibair Alaska*

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.