

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **13277**

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4044 Registrar's No. 24

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturgeon, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturgeon</u> <u>0100</u>	
c. LENGTH OF STAY (in this place) <u>75 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>05th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W.</u> c. (Last) <u>Kanazor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>5</u> <u>53</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>10-30-1877</u>
		9. AGE (In years last birthday) <u>75</u>	10. INTERVAL BETWEEN ONSET AND DEATH # UNDER 1 YEAR: Months <u>6</u> Days <u>5</u> Hours <u>—</u> Mins. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>paper distributor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>newspaper</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky (Co. unknown)</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Kanazor</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Brakebill</u>	
		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Riley</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>778877</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Hulen, Sturgeon, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Brain Degia</u>	
ANTECEDENT CAUSES		<u>Later Fracture Hip</u>	
Morbidity 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	
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) m.		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>Oct 5, 1910</u> to <u>May 3, 1953</u> , that I last saw the deceased alive on <u>May 3, 1953</u> , and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. W. Cannon M.D.</u>		23b. ADDRESS <u>Sturgeon, Mo</u>	
		23c. DATE SIGNED <u>May 7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-8-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Horeb, Boone Co., Sturgeon</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 8-1953</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. ...</u>	
		ADDRESS <u>Central, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 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

Bill J. Meador

Licensed Embalmer No.

4876

P. O. Address

Centerville, Miss

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.