

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22111

State File No.

FILED JUN 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>181</u>	PRIMARY REG. DIST. NO. <u>5677</u>	Registrar's No. <u>21</u>
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u> <u>0570</u> <u>0</u>		
c. LENGTH OF STAY (in this place) <u>3 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 Mi. south Silex</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Mi. south Silex</u>		d. STREET ADDRESS <u>2 Mi. south Silex</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cleveland</u> b. (Middle) <u>Steven</u> c. (Last) <u>Canaday</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 1953</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>April 15 1887</u>	9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>5</u> IF UNDER 2 WRS. Hours <u> </u> Min. <u> </u>
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 <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>				
13a. FATHER'S NAME <u>Charles W. Canaday</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Weaver</u>		14. NAME OF HUSBAND OR WIFE <u>Alberta Canaday</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cleveland S. Canaday, Silex, 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, asthenia, 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> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO-SCLEROSIS</u> 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 <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in apartment, home, farm, library, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Joseph J. March, 3rd Coroner</u>		23b. ADDRESS <u>Tracy, Mo.</u>		23c. DATE SIGNED <u>6/20/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 23 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Auburn</u>
24d. LOCATION (City, town, or county) (State) <u>Auburn Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Clarence Kientz, Edmund - Mudd, Silex, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6/27/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>		

(Licensed Embalmer - Statement on Reverse Side)

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

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

James C. Meid

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.