

No. 300  
10-48

FILED NOV 27 1953  
RC-2223738  
RN-5364

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38874

State File No. ....

Registrar's No. .... 3

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff</b>		c. LENGTH OF STAY (In this place) <b>18 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>West Plains</b>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>304 Walker</b>		

3. NAME OF DECEASED (Type or Print) <b>ORSON</b>	a. (First)	b. (Middle) <b>L.</b>	c. (Last) <b>CANFIELD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>November 10, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>May 3, 1895</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (State or foreign country) <b>Orleans County, New York</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>NANLEY CANFIELD</b>	13b. MOTHER'S MAIDEN NAME <b>IDA NATCH</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Yes WW I</b>	16. SOCIAL SECURITY NO. <b>568-09-7328</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <b>Rheumatic Heart Disease</b>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4/6 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct. 23, 1953, to Nov. 10, 1953, ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 8:55p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>HARRY J. PRICE, M.D., Chief, Medical Sv.</b>	23b. ADDRESS <b>VA Hospital, Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>11-12-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>11-16-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn National</b>	24d. LOCATION (City, town, or county) (State) <b>ELMIRA, New York</b>
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DATE REC'D BY LOCAL REG. <b>11/16/53</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

