

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4151

State File No.

BIRTH NO. FILED FEB 19 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived): If institution: residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fisk, Rte. 1		c. LENGTH OF STAY (In this place) 12 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fisk, Rte. 1		d. STREET ADDRESS (If rural, give location) Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Ash Hill Twp.			d. STREET ADDRESS (If rural, give location) Home			
3. NAME OF DECEASED (Type or Print) MATTIE			a. (First)	b. (Middle)	c. (Last) CANNADAY	
4. DATE OF DEATH FEB. 2 1954		(Month)	(Day)	(Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 1, 1876		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Lum Clifton		13b. MOTHER'S MAIDEN NAME Unknown		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 dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lon Cannaday			ADDRESS Fisk, Mo. Rte. 1
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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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Hypertensive pneumonia		2 days		
ANTECEDENT CAUSES		DUE TO (b) myocarditis		10 yrs.		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) arteriosclerosis		20 yrs.		
II. OTHER SIGNIFICANT CONDITIONS		Cirrhosis of the liver		18 mo.		
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"/>	
					4221	

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)		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 15 Aug, 1953, to 2 Feb, 1954, that I last saw the deceased alive on 2 Feb, 1954, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE Cynthia R. ...		(Degree or title)	23b. ADDRESS Bluff, Mo.		23c. DATE SIGNED 10 Feb 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 3, 1954	24c. NAME OF CEMETERY OR REMATORY Ash Hill Cemetery		24d. LOCATION (City, town, or county) (State) Fisk, Mo. Rte. 1	

DATE REC'D BY LOCAL REG. 2/1/54	REGISTRAR'S SIGNATURE D. D. ...		FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo		ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
FEB 15 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.