

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4601**

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 546L Registrar's No. 260

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rogersville, Rural</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rogersville, Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <u>IVAN</u> b. (Middle) <u>-</u> c. (Last) <u>CANEDY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 7 1954</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>MAY 2, 1890</u>
9. AGE (In years last birthday) <u>64</u>		11. BIRTHPLACE (State or foreign country) <u>Emerson, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fatmex</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
13a. FATHER'S NAME <u>JAMES CANEDY</u>		13b. MOTHER'S MAIDEN NAME <u>OLIVE MONT SINGER</u>	
14. NAME OF HUSBAND OR WIFE <u>BERNICE</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernice Canedy, Rogersville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>advt carcinoma - lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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>3 mos. known</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>163X</u>	
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 <u>14 Feb. 1954</u>, to <u>7 MAR, 1954</u>, that I last saw the deceased alive on <u>22 Feb</u>, 1954, and that death occurred at <u>4-8 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. Orner M.D.</u>		23b. ADDRESS <u>Crunk Mo</u>	
23c. DATE SIGNED <u>9 MAR 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MARCH 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Memorial Gardens</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Ferrell, Rogersville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-9-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Max J Miller

Signed.....

Student Embalmer

Licensed Embalmer No. *4720*

P. O. Address *Fairland N.Y.*

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.