

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1907

State File No.

FILED FEB 15 1956

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marceline</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Brookfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>416 Smith Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dr. CLARENCE C.</u> b. (Middle) <u>CANOVER</u> c. (Last) <u>Dr. CLARENCE C. CANOVER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 31, 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 4, 1868</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist ret</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dental practice</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pine Village, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jonathan Canoyer</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Lottie Kimber</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold B. Wright, Brookfield, Mo.</u>	ADDRESS _____
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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, ashenia, 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) <u>Carcinoma Bladder</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension 181X</u>			

19a. DATE OF OPERATION <u>1-30-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Bladder involving left ureter</u>	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) _____ m.	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 1-29, 1956 to 1-31, 1956, that I last saw the deceased alive on 1-31, 1956 and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Marceline, Mo 2-1-56</u>	23c. DATE SIGNED <u>2-1-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 2, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-1-56</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Redgum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

581
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05820

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.....
Signature of Student Embalmer

Signed..... *Harold B. Wright*

Licensed Embalmer No..... 3718

P. O. Address..... Brookfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.