FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 19608

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 649

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hospital — Length of stay in 1b 12 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 017 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 1416 Dewey Ave. — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First THOMAS Middle MONROE Last CANFIELD

4. DATE OF DEATH Month June Day 10 Year 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH January 5, 1918

9. AGE (In years last birthday) 38 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY Soft drink Bev.

11. BIRTHPLACE (City and state or country) Harmony Arkansas

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME William M. Canfield

14. MOTHER'S MAIDEN NAME BelleFoudren

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.#2

16. SOCIAL SECURITY NO. 496-16-2128

17. INFORMANT Mrs. Dorothy M. Canfield Address St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Meningitis — INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Undetermined at this date
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-4-56, to 6-10-56 and last saw ~~her~~ him alive on 6-10-56
Death occurred at 10:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George W. Forman M.D. (Degree or title)

22b. ADDRESS 902 Edmund St. St. Joseph.

22c. DATE SIGNED 6-12-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6-13-56

23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery

23d. LOCATION (City, town, or county) St. Joseph (State) Missouri

24. FUNERAL DIRECTOR Stamey Funeral Home ADDRESS St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. June 15, 1956

26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casualty related. Coroner cannot certify to a death due to natural causes.

JUN 19 1956

JUN 21 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.