

Health, Welfare, Public Service
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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 doctor, coroner, etc. must use only standard nomenclature in Part I for symptoms and diseases.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

44603

FILED JAN 8 1957

Registration District No. 374 Primary Registration District No. 6273 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Worth County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Rural</u> TOWN <u>Flatchall 6273</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Gentry, Mo. 2380</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in lb <u>6 months</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Benjamin Franklin</u> Middle <u>Canaday</u> Last <u>Canaday</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>28</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April, 23, 1874</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman on Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Foreman on Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Stanberry, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Robert Canaday</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Farris</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mrs Vern McBrier Grant City Missouri</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic cardiovascular Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Oct 13, 56</u> to <u>Dec 8, 56</u> and last saw <u>him</u> alive on <u>Dec 7, 56</u> Death occurred at <u>2 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Frank B. Mattson MD</u> (Degree or title)			22b. ADDRESS <u>Grant City, Mo</u>		22c. DATE SIGNED <u>12-11-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 12-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Brick Cemetery</u>	
				23d. LOCATION (City, town, or county) (State) <u>Gentry Mo</u>	
24. FUNERAL DIRECTOR <u>John Andrews</u> ADDRESS <u>Grant City Mo</u>			25. DATE RECD. BY LOCAL REG. <u>12-31-1956</u>		26. REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>

(Licensed Embalmer's Statement on Reverse Side)

1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by John Andrews....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....John Andrews.....
Licensed Embalmer No. 42

P. O. Address Grant.....

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.