

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **654**

FILED FEB 14 1957

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3012 Registrar's No. 13

0251
0

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Cameron</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>Cameron Community Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>622 Nth Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>A.</u> c. (Last) <u>Canon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 2 57</u>
---	---

5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 8-1884</u>	9. AGE (in years last birthday) <u>72</u>	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) <u>Highway Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Worth County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Thomas A Canon</u>	13b. MOTHER'S MAIDEN NAME <u>Ollie Kendrick</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Canon</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>500-34-6395</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Canon</u>	ADDRESS <u>Cameron 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, asthenia, 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>Cerebral Hemorrhage</u>		<u>14 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>General arteriosclerosis</u>		<u>6 yrs</u>
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Parkinsons Disease</u> <u>Hypertrophic arthritis</u>	
		<u>7 yrs</u> <u>10 yrs</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
------------------------------	--	--

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) <u>331x</u>
--	--	---

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 3-22, 1949, to 2-2, 1957, that I last saw the deceased alive on 2-2, 1957, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Weston</u>	23b. ADDRESS <u>MO</u>	23c. DATE SIGNED <u>2-8-57</u>
--	------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 5-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	24d. LOCATION (City, town, or county) (State) <u>Albany MO</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-5-57</u>	REGISTRAR'S SIGNATURE <u>Francis D. Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Polard</u>	ADDRESS <u>Cameron Mo.</u>
--	--	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3
0

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..... *Robert F. Poland*

Licensed Embalmer No. *477*

P. O. Address..... *Camden*

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.