

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1957

State File No. 23993

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 5324 Registrar's No. 9

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| 1. PLACE OF DEATH a. COUNTY Crawford | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps | |
| b. CITY OR TOWN Boone Rural, Boone | | c. CITY OR TOWN St. James | |
| c. LENGTH OF STAY (in this place) 0 | | 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 None | | e. STREET ADDRESS (If rural, give location) 0810 | |

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|--|--|---|-----------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) Harold Edward Cannady | | | 4. DATE OF DEATH Aug 8 1957 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH March 23, 1922 | | 9. AGE (In years last birthday) 35 | | IF UNDER 1 YEAR Days 4 | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Auto Dealer | | 10b. KIND OF BUSINESS OR INDUSTRY Auto Dealer | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? MO USA | | | | | |

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|----------------------------------|--|--|--|--------------------------------------|--|
| 13a. FATHER'S NAME James Cannady | | 13b. MOTHER'S MAIDEN NAME Elizabeth Hollingshead | | 14. NAME OF HUSBAND OR WIFE Virginia | |
|----------------------------------|--|--|--|--------------------------------------|--|

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|--|--|-------------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No | | 16. SOCIAL SECURITY NO. 497-16-7528 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Cannady St. James, Mo. | |
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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, asthma, 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) | | ANTECEDENT CAUSES | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | DUE TO (b) My accident while driving | | | |
| | | DUE TO (c) A Motor Vehicle wheel | | | |
| | | was found crushed on highway | | | |
| | | No other | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Vehicle at reason wheel crushed | | | 20. AUTOPSY? 2 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) | |
| 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? | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|--|-----------------------------------|--|---|--|
| 23a. SIGNATURE Harry M. Jonas Coroner | | 23b. ADDRESS Steelville Mo. | | 23c. DATE SIGNED 8-10-57 | |
| 24a. BURIAL (CREMATION) REMOVAL (Specify) Burial | | 24b. DATE Aug 11-1957 | | 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. James, Mo | |
| DATE REC'D BY LOCAL REG. 8-9-57 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jesse Galt - St. James, Mo | |

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

AUG 21 1957

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 Robert Parker Roach Student Embalmer No. 549 working under my personal supervision.

Student Robert P. Roach
Signature of Student/Embalmer

Signed C. June Gahr

Licensed Embalmer No. 4418
P. O. Address St. James

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.