

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43834**

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3010** Registrar's No. **125**

1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Caldwell					
b. CITY (If outside corporate limits, write RURAL and give township) Cameron		c. LENGTH OF STAY (in this place) 18 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Hedder 030		d. STREET ADDRESS (If rural, give location) RRT# Cameron			
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hosp									
3. NAME OF DECEASED (Type or Print) a. (First) DANIEL			b. (Middle)		c. (Last) Kanan		4. DATE OF DEATH (Month) (Day) (Year) 12 16 57		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 28 - 1879		9. AGE (In years last birthday) 78 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) Farming				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Caldwell MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Patrick Kanan			13b. MOTHER'S MAIDEN NAME Mary Mc Serry			14. NAME OF HUSBAND OR WIFE Ernest Kanan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 497-40-7313		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ernest Kanan Cameron MO				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 18 hrs.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____					
				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 4201						20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 1946 , 19____, to Dec 16 , 19 57 , that I last saw the deceased alive on Dec 16 , 19 57 , and that death occurred at 3:00 P . m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. J. Kimes MD				23b. ADDRESS Cameron MO			23c. DATE SIGNED 12-18-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 12-19-57		24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) (State) Cameron MO			
DATE REC'D BY LOCAL REG. 12-19-57		REGISTRAR'S SIGNATURE Francis D Crawford			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Poland Funeral Home Inc Cameron MO				

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

(Licensed Embalmer's Statement on Reverse Side)

JAN 8 0 1962

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
Student Embalmer

Signed Lourence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, Md.

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 this body is not embalmed, fact should be so stated above.