

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018832

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 74

1. PLACE OF DEATH  
a. COUNTY Johnson  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg Inside Limits Yes  No   
c. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center Length of stay in lb 50 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Johnson  
c. CITY OR TOWN Warrensburg Inside Limits Yes  No   
d. STREET ADDRESS 608 Missouri (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Clara Belle Kanoy

4. DATE OF DEATH Month Day Year  
May 17, 1958

5. SEX Female 6. COLOR OR RACE Caucasian 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH July 24, 1904 9. AGE (In years last birthday) 53 F 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) School Teacher 10b. KIND OF BUSINESS OR INDUSTRY High School 11. BIRTHPLACE (City and state or country) Johnson County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME C. A. Kanoy Sr. 13b. MOTHER'S MAIDEN NAME Rosa Ellen Hatfield 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 481-38-3448 17. INFORMANT 608 Missouri Address C.A. Kanoy, Warrensburg, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Adens Carcinoma of Ovary  
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) 1750  
INTERVAL BETWEEN ONSET AND DEATH 14 months

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 Month, Day, Year  
a.m. p.m.

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 May 1957 to May 17, 1958 and last saw her/him alive on May 17, 1958  
Death occurred at 4:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS Warrensburg Mo 22c. DATE SIGNED 5-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 20 May 58 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery 23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri

24. FUNERAL DIRECTOR ADDRESS Sweeney-Phillips, Warrensburg, Mo. 25. DATE RECD. BY LOCAL REG. May 20, 1958 26. REGISTRAR'S SIGNATURE Savannah Cutlerfield

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 4 1958

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 *J. Earl Priest* .....

Licensed Embalmer No. *3878* .....

P. O. Address *Warrensburg* .....

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.