

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036964

STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 17 Primary Registration District No. 30 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Higginsville</i>		c. CITY OR TOWN <i>Higginsville</i> <i>0541</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <i>1803 Walnut</i> (If outside, give location)	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Sarah</i> Middle <i>Ellen</i> Last <i>Canada</i>			4. DATE OF DEATH Month <i>Sept.</i> Day <i>30</i> Year <i>1958</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 17 1971</i>	9. AGE (In years last birthday) <i>87</i>	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Warren County, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Lafayette Chamberlain</i>	13b. MOTHER'S MAIDEN NAME <i>Virginia Bishop</i>	14. NAME OF HUSBAND OR WIFE <i>B.R. Canada</i>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Edwin L Bradley</i> Address <i>Chicago Illinois</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertensive heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Years</i>	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) <i>Secondary hypertension</i>		<i>Years</i>
	DUE TO (c) <i>Generalized arteriosclerosis</i>		<i>Years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Acute cholecystitis &amp; cholelithiasis 443X</i>		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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from <i>March 1950</i> and last saw her alive on <i>Sept 30-58</i> Death occurred at <i>10:40 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>T. K. Koppendorfer, MD</i> (Degree or title)	22b. ADDRESS <i>Higginsville Mo</i>	22c. DATE SIGNED <i>Oct 2-58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct 2, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Higginsville City Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Higginsville Missouri</i>
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24. FUNERAL DIRECTOR <i>Roy F Wagon</i> ADDRESS <i>Higginsville mo</i>	25. DATE RECD. BY LOCAL REG. <i>10-20-58</i>	26. REGISTRAR'S SIGNATURE <i>Thomas L Durdon</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

5. 300  
1-57

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 *Roy F. Wiegner* .....

Licensed Embalmer No. *2883* .....

P. O. Address *Higginsville, Mo* .....

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.