

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035232

FILED VS NOV 9 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1113

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in lb 7 years 7 months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Saxton Nursing Home 2421 Francis		d. STREET ADDRESS (if outside, give location) 2421 Francis	
3. NAME OF DECEASED (Type or print) First ANNIE Middle CABANISS Last CABANISS		4. DATE OF DEATH Month November Day 4 Year 1959	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 15, 1858
9. AGE (last birthday) 103		IF UNDER 1 YEAR Months 10 Days 3	IF UNDER 24 HR Hours 3 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Buchanan Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Anderson	
13b. MOTHER'S MAIDEN NAME Mary Lovely		14. NAME OF HUSBAND OR WIFE Thomas E.	
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. none	
17. INFORMANT Mrs. Will Rogers, 713 Concord, St. Joseph, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerosis			INTERVAL BETWEEN ONSET AND DEATH 10 years
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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from 7-19-49 to Nov. 4th 1959 and last saw her alive on Oct. 4th 1959		Death occurred at 7:15a. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) B. W. Tadlock		22b. ADDRESS M. W. 2727 Jules, St. Joseph, Mo.	22c. DATE SIGNED 11-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 11/6/1959	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, county) (State) Clarksville Tenn.
24. FUNERAL DIRECTOR Norton Bowman, St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 6, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Standell

DOCUMENT

MEDICAL CERTIFICATION
B. W. Tadlock, M.D.

BY AFFIDAVIT OF

1925 100 24 117119

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 William Spedding

Licensed Embalmer No. 4535

P. O. Address St. Joseph, 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.