

FIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007348

FILED VS MAR 2 1960

Registration District No. 226 Primary Registration District No. 5802 Registrar's No. 9

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Monroe			
b. CITY (If outside corporate limits, give TOWNSHIP only) Wood Lawn			Length of stay in 1b 40 Yrs		c. CITY OR TOWN Holiday		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) #	
3. NAME OF DECEASED (Type or print) Pierre			First Middle Last Canada		4. DATE OF DEATH Month Day Year Feb 17th 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/22/1887		9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days 5 25	IF UNDER 24 HR 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 (City and state or country) Sibley Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Canada			13b. MOTHER'S MAIDEN NAME Julia Blackwell		14. NAME OF HUSBAND OR WIFE Patsy G Canada		
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. 498-40-1568		17. INFORMANT Address Mrs Patsy Canada - Holliday Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ulcer of Stomach with Massive Hemorrhage - 10 min. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) 12 yrs.							INTERVAL BETWEEN ONSET AND DEATH
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. 		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 8-2-47 to 2-17-60 and last saw him alive on 2-9-60 Death occurred at 2:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) F.A. Barnett M.D.				22b. ADDRESS Paris, Mo.			22c. DATE SIGNED 2-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/19/1960	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F Cemetery		23d. LOCATION (City, town, or county) (State) Shelbina Mo		
24. FUNERAL DIRECTOR ADDRESS Barkelaw & Davis Shelbina Mo				25. DATE RECD. BY LOCAL REG. Feb 20-1960		26. REGISTRAR'S SIGNATURE Elsie Miller	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Henry A. Bartleson

Licensed Embalmer No. 3835
P. O. Address Shelburne,

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.