

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034344

FILED VS OCT 10 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 220

STATE FILE NUMBER

INDEXED

11-2-60

DOCUMENT DECEASED'S BIRTH RECORD
Calhoun Co., Ill., issued 8-9-42

BY AFFIDAVIT OF WIDEN

1. PLACE OF DEATH a. COUNTY Franklin b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Length of stay in 1b 2 days c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin c. CITY OR TOWN St. Clair Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 430 S. MAIN ST Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Edward Middle John Last CANAN			4. DATE OF DEATH Month October Day 3 Year 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 Mar. 8 1894	9. AGE (last birthday) 63 64	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Batchtown Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edward J. CANAN		13b. MOTHER'S MAIDEN NAME Laura Gray		14. NAME OF HUSBAND OR WIFE Lula J.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war on dates of service) Yes World War I		16. SOCIAL SECURITY NO. 490-44-3954		17. INFORMANT E. Dean Canan, 20 Address 5301 Fairy Belle Ct. Louisville, Ky.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE POSTERIOR CORONARY THROMBOSIS 2. LARGE AREA OF INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS				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 OCT 1 - 1960 to DEATH and last saw her him alive on 10-3-60 Death occurred at 1:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree of title) John J. Pearl, M.D.			22b. ADDRESS St. Clair, Mo		22c. DATE SIGNED 10-3-60.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 5, 1960	23c. NAME OF CEMETERY OR CREMATORY Midlawn Memorial Gardens		23d. LOCATION (City, town, or county) (State) Union Mo.	
24. FUNERAL DIRECTOR Sherrill H. Mitchell, St. Clair, Mo. ADDRESS _____		25. DATE RECD. BY LOCAL REG. 10/4/60		26. REGISTRAR'S SIGNATURE F.P. Wickmann, F.P. Wickmann	

JUN 9 1964

OCT 18 1960

NOV 2 1960

OCT 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sherwood W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.