

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045930

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

042  
1000  
1494

Registrator's District No. 1000 Registrar's No. 1494

FILED JAN 14 1963

VS 300  
Rev. 4/59

15117  
25117

3

4 /

5 2

6

7 9

8 2

9331X

10

11

12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF J.P. Forgrave, Medical Certification

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Joseph</b>			Length of stay in 1b <b>unknown</b>	c. CITY OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Methodist Hosp.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>701 Faraon</b>	
3. NAME OF DECEASED (Type or print) <b>JOSEPHINE</b>		First		Middle		Last <b>CANBY</b>	
4. DATE OF DEATH <b>December 26, 1962</b>		Month		Day		Year	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10/5/1873</b>	
9. AGE (last birthday) <b>89</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		IF UNDER 24 HR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>unknown</b>	
12. CITIZEN OF WHAT COUNTRY				13a. FATHER'S NAME <b>unknown</b>			
13b. MOTHER'S MAIDEN NAME <b>unknown</b>				14. NAME OF HUSBAND OR WIFE <b>Charles B. Canby</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mrs. Janet Canby, Seattle, Washington</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>central vascular accident</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <b>cerebral arteriosclerosis</b>
DUE TO (c) <b>generalized arteriosclerosis</b>							<b>17 years</b>
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 <u>12-24-62</u> to <u>12-26-62</u> and last saw her alive on <u>Dec 26, 1962</u> Death occurred at <u>6:15 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>[Signature]</i>				22b. ADDRESS <b>420 N. 8<sup>th</sup> St Joseph, Mo</b>		22c. DATE SIGNED <b>1-8-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>12/31/1962</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Plattsburg Cemetery</b>		23d. LOCATION (City, town, or county) <b>Plattsburg Missouri</b>		(State)
24. FUNERAL DIRECTOR ADDRESS <b>Heaton-Bowman St. Joseph, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Jan. 11, 1963</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

JAN 14 1963

Permit issued 12/27/63

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 Eugene Wood

Licensed Embalmer No. 3884

P. O. Address 519 So 12th, 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.