

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27581

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5902</u>		Registrar's No. <u>81</u>		
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Hayti</u>		c. LENGTH OF STAY (in this place) <u>63 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti 1</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Routell</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIE</u>			b. (Middle) <u>LEE</u>		c. (Last) <u>CANOY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 20, 1885</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R</u>		11. BIRTHPLACE (State or foreign country) <u>Bertrand, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Canoy</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Bryant</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>S. A. Canoy</u>					ADDRESS <u>Wardell, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>July 1</u> , 19 <u>49</u> , to <u>Aug 18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 17</u> , 19 <u>49</u> , and that death occurred at <u>8 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>S. B. Beach</u>			(Degree or title) <u>Dr. D.</u>		23b. ADDRESS <u>Caruthersville</u>		23c. DATE SIGNED <u>8-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 19, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>9-7-49</u>	REGISTRAR'S SIGNATURE <u>John W. Herman</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>				ADDRESS <u>FUNERAL HOME GARUTHERSVILLE, MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

9-49-246

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

Student Embalmer

Signed William D. Duke

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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 this body is not embalmed, fact should be so stated above.