

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7677

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 701 Faraon	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Breckenridge c. (Last) Canby			4. DATE OF DEATH (Month) (Day) (Year) March 17, 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Nov. 23, 1866		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 3 Days 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Loan & Investments		10b. KIND OF BUSINESS OR INDUSTRY Canby Loan & Inv. Co.		11. BIRTHPLACE (State or foreign country) Kentucky	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME G. C. Canby		13b. MOTHER'S MAIDEN NAME Susan Breckenridge		14. NAME OF HUSBAND OR WIFE Mary J. Canby	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary J. Canby, 701 Faraon, St. Joseph, Mo	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute urinary retention ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatitis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease.				INTERVAL BETWEEN ONSET AND DEATH 1 week ?	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from March 1948, to 17 March, 1950, that I last saw the deceased alive on 17 March, 1950, and that death occurred at 7:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Willie P. McDonald M.D.</i>		23b. ADDRESS 301 N. 8th St. St. Joseph		23c. DATE SIGNED 17 March 50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/3/20/50		24c. NAME OF CEMETERY OR CREMATORY Chattanooga Cemetery	
				24d. LOCATION (City, town, or county) (State) Chattanooga, Mo.	

DATE REC'D BY LOCAL REG. Mar. 23, 1950		REGISTRAR'S SIGNATURE G. C. Jenkins 380		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Bauman Funeral Home, St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 27 1950

JAN 9 1963

W. McDonald

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. 363

working under my personal supervision.

Signed *Vern I Johnson*
Student Embalmer

Signed *William Spalding*
Licensed Embalmer No. 4525

P. O. Address *345 10th Street*

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.