

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22902**

FILED JUL 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 234

0470  
5

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

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Arcadia</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Arcadia 0470</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs. 9 mo. 11 da</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles East on Highway 70</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for aged Baptists</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Adline</u> b. (Middle) <u>Canada</u> c. (Last) <u>Canada</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 19, 1884</u>
9. AGE (in years last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>W. T. Pendergrass</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Bied</u>	14. NAME OF HUSBAND OR WIFE <u>W. A. Canada</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, state war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. D. Busney, Ironton, Mo.</u> ADDRESS	
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) <u>Terminal Bronchial Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Influenza</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>4.80X</u>	
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)	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>11-26-51</u> , 19 <u>51</u> , to <u>7-7-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-6-51</u> , 19 <u>51</u> , and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. E. Farland, Jr.</u> (Degree or title)		23b. ADDRESS <u>Ironton, Missouri</u>	23c. DATE SIGNED <u>7-10-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Clarkton Mo.</u>
DATE REC'D BY LOCAL REG. <u>July 12, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> <u>128</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Smith and C. Parthenwill</u> ADDRESS	

RECEIVED

JUL 14 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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 Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.