

FILED DEC 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36791

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5366</u>		Registrar's No. <u>101</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess - Marion Twp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Civil Bend, Mo.</u>			c. LENGTH OF STAY (In this place) <u>40 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Civil Bend, Mo. Marion Twp.</u>			d. STREET ADDRESS (If rural, give location) <u>R.F.D.#2 Pattonsburg, Missouri</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pattonsburg, Mo.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>ISABELLE</u> c. (Last) <u>CANFIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 3, 1894</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles Langland</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane McDade</u>		14. NAME OF HUSBAND OR WIFE <u>Walter P. Canfield</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter P. Canfield, D.#2 Pattonsburg, Mo.</u> ADDRESS <u>Pattonsburg, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>complete heart block</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general arterio sclerosis</u>  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	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</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) (Min.)		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>Oct 1, 1951</u> to <u>Nov 20, 1951</u> , that I last saw the deceased alive on <u>Nov 17, 1951</u> , and that death occurred at <u>4 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Frank M.D.</u> (Degree or title)				23b. ADDRESS <u>Pattonsburg Mo.</u>		23c. DATE SIGNED <u>11-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/23/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Civil Bend Christian</u>		24d. LOCATION (City, town, or county) (State) <u>Civil Bend, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>26 Nov. 1951</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Embach</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Canfield</u>		ADDRESS <u>Pattonsburg, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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



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**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 *Louis Zuehl*.....

Licensed Embalmer No. *4296*.....

P. O. Address *Patterson, 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.