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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5972 Registrar's No. 138

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Polk</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Bellevue-South McKibbin</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Bellevue-South McKibbin</u>                                  |  |
| c. LENGTH OF STAY (in this place)<br><u>Life</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>8 Miles N.E. of Bellevue Mo</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>8 Miles N.E. of Bellevue Mo</u>  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Lucinda</u>  |   | b. (Middle) <u>Canaler</u>  |  |
| c. (Last) <u>Canaler</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Aug 15 1951</u>   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>                               | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  | 8. DATE OF BIRTH <u>April 5 1863</u>   |
| 9. AGE (In years last birthday) <u>88</u>  | 10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>4 10</u> | 11. BIRTHPLACE (State or foreign country)   | 12. CITIZEN OF WHAT COUNTRY  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housekeeper</u>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housework</u>       | 11. BIRTHPLACE (State or foreign country)<br><u>McHenry Co. Mo</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |   | 13. FATHER'S NAME <u>George Purdy</u>   |  |
| 13. MOTHER'S MAIDEN NAME <u>Frona Butler</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>John Canaler</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |   | 16. SOCIAL SECURITY NO. <u>None</u>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Otis Canaler</u>  |   | ADDRESS <u>Bellevue Mo</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |   |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u>  |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>chronic hypertension</u>  |   |   |  |
| DUE TO (c) <u>myocardial</u>   |   |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Generalized arteriosclerosis</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) (Min.)   |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                       | 21f. HOW DID INJURY OCCUR?   |
| 22. I hereby certify that I attended the deceased from <u>June 21</u> , 19 <u>51</u> , to <u>Aug 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/3</u> , 19 <u>51</u> , and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above. |   |   |  |
| 23a. SIGNATURE <u>Dwight C. McGinnis</u> (Degree or title)   |   | 23b. ADDRESS <u>Bellevue Mo</u>   | 23c. DATE SIGNED <u>8-17-51</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  | 24b. DATE <u>Aug 17/51</u>                                  | 24c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u>  | 24d. LOCATION (City, town, or county) (State) <u>North of Polk Mo</u>            |
| DATE REC'D BY LOCAL REG. <u>Nov 23, 1951</u>   | REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>                   | FUNERAL DIRECTOR'S SIGNATURE <u>Freddie and Blue</u> ADDRESS <u>Bellevue Mo</u>   |  |

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED NOV 27 1951

Dist. File 1121-2078

Date Filed 11-27-51

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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: Willard B. Ewin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.