FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33742

State File No.

BIRTH NO. REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Arcadia
c. LENGTH OF STAY (in this place) 1 yr. 9
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home for Aged Baptists

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Arcadia
d. STREET ADDRESS (If rural, give location) 1½ mi. east on Highway 70

0470

3. NAME OF DECEASED (Type or Print)
a. (First) Andrew b. (Middle) Jackson c. (Last) Canatsey

4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 7/5/66

9. AGE (In years on last birthday) 88 If under 1 year: Months 2 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horticulturist

10b. KIND OF BUSINESS OR INDUSTRY Gardener etc.

11. BIRTHPLACE (State or foreign country) Morgantown, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Leonard Jackson Canatsey

13b. MOTHER'S MAIDEN NAME Mary A. Hickey

14. NAME OF HUSBAND OR WIFE Mary A. Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME John H. Burney, ADDRESS Ironton, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 151 X

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept., 1913, *to* Oct. 2, 1954, *that I last saw the deceased alive on* Sept. 27, 1954, *and that death occurred at* 6:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE C. W. Griffith (Degree or title) M.D. **23b. ADDRESS** Lesterville Mo **23c. DATE SIGNED** 10/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 10-4-54

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. 11/3/54

REGISTRAR'S SIGNATURE Mrs Avis Jones

25. FUNERAL DIRECTOR'S SIGNATURE Webb-Adamson Funeral **ADDRESS** Frederick Lowe Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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.