

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11025**

FILED MAY 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **464**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>31 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hosp.</b>		e. CITY OR TOWN <b>St. Joseph</b>	
f. STREET ADDRESS <b>710 So. 17th St.</b>		g. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ETHEL</b>		b. (Middle) <b>HELEN</b>	
c. (Last) <b>CANTERBURY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 1, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>No. v. 12, 1888</b>
9. AGE (In years last birthday) <b>66</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>New York City, N.Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Joseph Canterbury</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, or unknowns) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>500-34-6485</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Canterbury, 710 So. 17th St.</b>	
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 St. Joseph, Mo. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis, left.</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> b. ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b> unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332 X</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>Oct. 19, 1953</b> , to <b>May 1, 1955</b> , that I last saw the deceased alive on <b>May 1, 1955</b> , and that death occurred at <b>11:15A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Allen Sherman</b>		23b. ADDRESS (Degree or title) <b>M. D.</b> <b>706 Francis St., St. Joseph, Mo.</b>	
23c. DATE SIGNED <b>5/3/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>5-3-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John C. [unclear]</b>	
25. ADDRESS <b>St. Joseph, Mo.</b>		DATE REC'D BY LOCAL REG. <b>May 6, 1955</b>	
REGISTRAR'S SIGNATURE <b>Eother M. Allison</b>		475-100	

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

AUG 2 1935

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, ~~only~~....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*John E. Rupp*

Licensed Embalmer No. 398

P. O. Address *St. Joseph*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.