

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25691**

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4157** Registrar's No. **55-71**

0240

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dadeville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dadeville 0290	
c. LENGTH OF STAY (in this place) 15 years		d. STREET ADDRESS (If rural, give location) South part of town	
d. FULL NAME OF HOSPITAL OR INSTITUTION South part of town			

3. NAME OF DECEASED (Type or Print) a. (First) Virgil	b. (Middle) Amanda	c. (Last) Cannady	4. DATE OF DEATH (Month) (Day) (Year) Aug. 21, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 9, 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Lawrence County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Moses Houchin	13b. MOTHER'S MAIDEN NAME Mary Fitzhugh	14. NAME OF HUSBAND OR WIFE John H. Cannady
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mr. John H. Cannady	ADDRESS Dadeville, Mo.
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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) Cancer of the rectum		INTERVAL BETWEEN ONSET AND DEATH 2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above causes (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 153X		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 **June, 1953**, to **8-21-1955**, that I last saw the deceased alive on **8-16-1955**, and that death occurred at **10:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Max Neilson MD	23b. ADDRESS Lockwood, Mo.	23c. DATE SIGNED 8-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-23-1955	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Dadeville, Missouri
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DATE REC'D BY LOCAL REG. 8-22-55	REGISTRAR'S SIGNATURE J. C. Canada 478	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada	ADDRESS Greenfield, Mo.
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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

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.