.S. No. 300
EV. 10.48

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32760

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN Neosho
c. LENGTH OF STAY (in this place) 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1013 N. College St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Newton
c. CITY OR TOWN Neosho
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location) Rt. 5 Neosho

3. NAME OF DECEASED (Type or Print)
a. (First) Ernest
b. (Middle) Cecil
c. (Last) Canada

4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH June 5, 1913
9. AGE (In years last birthday) 44
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Painting
11. BIRTHPLACE (City and State or Foreign Country) Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Louisa Brooks
14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Ernest Ray Canada
ADDRESS Rt. 5 Neosho

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 Prostate gradeII — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Metastasis
DUE TO (c)

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 177X
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* Jan 1954, 1956 *to* Sept 1, 1957, *that I last saw the deceased alive on* 8-31, 1957, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

22a. SIGNATURE Melvin McCullough (Degree or title) DO
23b. ADDRESS 420½ Sherman Neosho Mo
23c. DATE SIGNED 9/7/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 3, 1957
24c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery
24d. LOCATION (City, town, or county) (State) Diamond, Missouri

DATE REC'D BY LOCAL REG. 9-10-57
REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home
ADDRESS Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. Newton
District File Number 957-213
Date Filed SEP 13 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Cecil A. Thornhill

Licensed Embalmer No. 359

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.