

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1958

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STATE FILE NUMBER 105

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1309 Jule St.		d. STREET ADDRESS (If outside, give location) 1309 Jule St.	
3. NAME OF DECEASED (Type or print) Isabelle Cannaday		4. DATE OF DEATH Jan. 28, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 14, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (City and state or country) Houston, Missouri	
13a. FATHER'S NAME unknown		14. NAME OF HUSBAND OR WIFE Stanton G.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Mrs. Jane Iltz, 2424 E. Aaron St. Joseph Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH less 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension and			None Over 1 yr.
DUE TO (c) Arteriosclerosis			Over 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 331X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5/11/46 , to 1/28/58 and last saw her/him alive on 2/12/57 Death occurred at 6:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Luella Smith M.D.</i>		22b. ADDRESS 218 N. 7, St. Joseph, Mo.	
22c. DATE SIGNED 1/29/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/30/1958	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
24. FUNERAL DIRECTOR Heaton Bowman		25. DATE RECD. BY LOCAL REG. Feb. 3, 1958	
26. REGISTRAR'S SIGNATURE <i>Mrs. Robert Felton</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
Signature of Student Embalmer

Signed *Eugene Wood*

Licensed Embalmer No. *3864*

P. O. Address *319 So 10th, Ky*

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.