

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009634
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 128 Primary Registration District No. 5452 Registrar's No. 381

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1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Boonville</u> ⁰³⁹⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Many years</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>THOMAS</u> Last <u>CANFIELD</u>			4. DATE OF DEATH Month <u>April</u> Day <u>7</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>July 28-1888</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired oil field worker</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (City and state or country) <u>Clinch Springs - Mo</u>
11a. FATHER'S NAME <u>Clark M Canfield</u>		11b. MOTHER'S MAIDEN NAME <u>Mamie Canfield</u>	11c. NAME OF HUSBAND OR WIFE
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. NAME OF HUSBAND OR WIFE	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		15. SOCIAL SECURITY NO. <u>yes (unknown)</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>OVERDOSE STRYCHENINE</u>		17. INFORMANT <u>Nora Looney</u> Address <u>2398 West Walnut Springfield - Mo</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		18. INTERVAL BETWEEN ONSET AND DEATH <u>9711</u>	
19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <u>10:00 a.m.</u> Month, Day, Year <u>APR. 7, 1958</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to _____ and last saw ^{her} _{him} alive on _____ Death occurred at <u>approx 11:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Rephelt Luemi</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Springfield, Missouri</u>	
22c. DATE SIGNED <u>9 Apr 1958</u>		22d. SIGNATURE <u>Effie B. Melton</u>	
23a. BURIAL, CREMATION, RECOVERY (Specify) <u>Burial</u>		23b. DATE <u>4/10/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield - Mo.</u>	
24. FUNERAL DIRECTOR <u>Brown - Daniel - Ash</u> ADDRESS <u>Grove - Mo. 4-11-58</u>		25. DATE RECD. BY LOCAL REG. <u>4-11-58</u>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 4 1958

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 Ray L. Samuel

Licensed Embalmer No. 4702
P. O. Address Oslo Grove
Wis

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.