

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004783  
State File No. ....

FILED MAR 4 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4085 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>CARROLL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hale</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hale, c170</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>north part town,</b>	

3. NAME OF DECEASED (Type or Print) <b>RALPH</b>	a. (First)	b. (Middle) <b>GOOD</b>	c. (Last) <b>CANNING</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 24th, 1959</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>Sept. 10th, 1903</b>	9. AGE (In years) (Last birthday) <b>55</b> IF UNDER 1 YEAR (Months) <b>5</b> (Days) <b>14</b> IF UNDER 1 HR. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Oil Truck Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Bedford, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				

13a. FATHER'S NAME <b>T.M. Canning</b>	13b. MOTHER'S MAIDEN NAME <b>Estella Good</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Lois Canning</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-28-3968</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Lois Canning, Hale, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute circulatory failure</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis &amp; Myocardial Infarction</b> DUE TO (c) <b>Atherosclerosis</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>H 301</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 2-24, 1959, to 2-24, 1959, that I last saw the deceased alive on 2-24, 1959, and that death occurred at 1:45 PM from the causes and on the date stated above.

23a. SIGNATURE <b>Norman P. Hanson</b>	(Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Hale, Mo.</b>	23c. DATE SIGNED <b>2-25-59</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/26/4959</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Avalon Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Avalon, Missouri</b>

DATE REC'D BY LOCAL REG. <b>2-26-59</b>	REGISTRAR'S SIGNATURE <b>Mrs Rex Henderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clifford W. Austin F-H Hale, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

*Clifford W. Feuster*

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri

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.