

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 4 1959

59-028999

4059

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Boone					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 5 days		c. CITY OR TOWN COLUMBIA		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 610 CLINKSCALES ROAD		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First RONALD Middle DEAN Last CANOLE				4. DATE OF DEATH Month August Day 19 Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 6-19-93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter, Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Paris, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Robert E. Canole			13b. MOTHER'S MAIDEN NAME Florence G. Stewart			14. NAME OF HUSBAND OR WIFE SADIE CANOLE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address VA Hospital Official Records, K. C. Mo					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Pulmonary congestion and edema									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) Hepatic coma									
DUE TO (c) Portal cirrhosis, liver									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <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. attended the deceased from August 15, 1959 to August 19, 1959				Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. A. Turner</i> (Degree or title) J. A. TURNER, M.D.				22b. ADDRESS VA Hospital, Kansas City, Mo.			22c. DATE SIGNED 8-20-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUG 21, 1959	23c. NAME OF CEMETERY OR CREMATORY NEW SALEM, CEM		23d. LOCATION (City, town, or county) COLUMBIA, MISSOURI					
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K. C. MO.				25. DATE RECD. BY LOCAL REG. 8-21-59		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1956

SEP 4 1961

JUN 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep, Md

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