RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-020454

FILED VS MAY 23 1960

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 127

STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 901 W. Coates — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 100 W. Allen — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: West Canton

4. DATE OF DEATH Month May Day 7 Year 1960

5. SEX Male

6. COLOR OR RACE Negro.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-1-87

9. AGE (last birthday) 73 — 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) Ref.

10b. KIND OF BUSINESS OR INDUSTRY ?

11. BIRTHPLACE (City and state or country) Boone

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Sandy Canton

13b. MOTHER'S MAIDEN NAME Fannie Mosley

14. NAME OF HUSBAND OR WIFE Laura ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ~~no or unknown~~) (If yes, give war or dates of service) W.W.I, 1918-1919

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs. Susie Maneul Address 901 W. Coates Moberly 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) Coronary Heart attack ? — INTERVAL BETWEEN ONSET AND DEATH acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a) Severe Vomiting – cause un. determined.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 May 4/1960 to Death and last saw him alive on May 4/60
Death occurred at 1 P.M. May 7/60 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. L. E. Hubbard, M.D.

22b. ADDRESS Moberly Mo

22c. DATE SIGNED 5/10/60

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial

23b. DATE 5-11-60

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) Columbia Missouri

24. FUNERAL DIRECTOR Lloyd H. Green ADDRESS Marshall, Mo.

25. DATE RECD. BY LOCAL REG. 5-11-60

26. REGISTRAR'S SIGNATURE Leslie W. Lowe

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS MAY 23 1960

STATEMENT BY LICENSED EMBALMER

JUN 10 1960

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 422

P. O. Address Marshall

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