

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

86 - 62 - 021850
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 86

FILED JUL 2 1962

VS 300 Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Cassville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Scroggin's Nursing Home		d. STREET ADDRESS (If outside, give location) 1506 Townsend St.	
3. NAME OF DECEASED (Type or print) First Middle Last Iva Cauthorn Canada		4. DATE OF DEATH Month Day Year June 26, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 2, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) Retired Druggist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store	11. BIRTHPLACE (City and state or country) Halifax County, Va.
13a. FATHER'S NAME Wm. Henry Sygness Canada		14. NAME OF HUSBAND OR WIFE Emma Canada	
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. Emma Canada; Cassville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 20 hrs	
DUE TO (b) Generalized & cerebral arteriosclerosis		?	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not not related to the terminal disease condition given in PART I.) Rheumatoid Arthritis		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 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 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	STATE
21. I attended the deceased from <u>5-22-62</u> to <u>6-26-62</u> and last saw him alive on <u>6-11-62</u> Death occurred at <u>10:55</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. B. deWitt (Degree or title)		22b. ADDRESS Monett, Mo	22c. DATE SIGNED 6-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 30, 1962	23c. NAME OF CEMETERY OR CREMATORY Nelson Cem.	23d. LOCATION (City, town, or county) (State) Nelson, Mo.
24. FUNERAL DIRECTOR J. C. Canada; Greenfield, Mo.		25. DATE RECD. BY LOCAL REG. 6-27-62	26. REGISTRAR'S SIGNATURE Mrs P. N. Cook

USE BLACK INK OR TYPEWRITER RIBBON

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 J. C. Canada

Licensed Embalmer No. 4196
P. O. Address Greenfield, Mo.

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.