

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25031

FILED JUL 29 1952

BIRTH NO. _____		REG. DIST. NO. 167		PRIMARY REG. DIST. NO. 3040		Registrar's No. 104	
1. PLACE OF DEATH a. COUNTY Livingston 0592 b. CITY OR TOWN Chillicothe c. LENGTH OF STAY (in this place) 3 months d. FULL NAME OF HOSPITAL OR INSTITUTION 60 Cherry Street				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray 0890 c. CITY OR TOWN Orrick d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Stella b. (Middle) C. c. (Last) Canning			4. DATE OF DEATH (Month) (Day) (Year) July 25, 1952				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Sept. 2, 1883	
9. AGE (In years last birthday) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Blue Mound, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John C. Good		13b. MOTHER'S MAIDEN NAME Mary E. Matthews		14. NAME OF HUSBAND OR WIFE Thomas Canning	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Bruce Canning: Wheeling, Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia INTERVAL BETWEEN ONSET AND DEATH 10 yrs 3 mo					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				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) (Min)		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 July 23, 1952 to July 25, 1952 that I last saw the deceased alive on July 23, 1952 and that death occurred at 3:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. M. D. M. D.				23b. ADDRESS Chillicothe Mo		23c. DATE SIGNED 7/26/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-27-'52		24c. NAME OF CEMETERY OR CREMATORY Avalon		24d. LOCATION (City, town, or county) (State) Avalon, Missouri	
DATE REC'D BY LOCAL REG. 7/26/52		REGISTRAR'S SIGNATURE Frances B. Nail		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Norman Funeral Home; Chillicothe, Mo.			

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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 this body is not embalmed, fact should be so stated above.