

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 14 1949

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>194</u>		PRIMARY REG. DIST. NO. <u>5-212</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>McDonald County</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richwood</u>		c. LENGTH OF STAY (in this place) <u>6 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richwood</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles south Rocky Comfort Mo</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Archa</u>	b. (Middle) <u>Blancett</u>	c. (Last) <u>Cantrell</u>	Month <u>5</u>	Day <u>31</u>	Year <u>49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug 28 1874</u>		9. AGE (in years last birthday) <u>74</u>	of UNDER 1 YEAR Months <u>9</u> Days <u>2</u>	of UNDER 10 HRS. Hours <u>2</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furniture Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Store</u>		11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dewitt Cantrell</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy McIntire</u>		14. NAME OF HUSBAND OR WIFE <u></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brock Cantrell</u>		ADDRESS <u>Rocky Comfort Mo</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
				DUE TO (c) <u></u>			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			<u>431X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-26</u> , 19 <u>49</u> , to <u>5-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-30</u> , 19 <u>49</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Death or Wife) <u>[Signature]</u>				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>6/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/1/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muncy Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>2 Miles N. of Wheaton Mo</u>		
DATE REC'D BY LOCAL REG. <u>June 3, 1949</u>		REGISTRAR'S SIGNATURE <u>A. C. Plumber 178</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Morris Co. Wheaton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer, No. 6.

District File Number 6493 652

Date Filed 6-9-49

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 \_\_\_\_\_

James Kenyth Duncan, Student Embalmer No. 308  
working under my personal supervision.

Signed James Kenyth Duncan  
Student Embalmer

Signed Wm Morris Logue

Licensed Embalmer No. 3042

P. O. Address Wheaton, 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.