

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23063**

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **2000** Registrar's No. **619**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Greene 27	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (In this place) 7 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Taylor 2000	d. STREET ADDRESS (If rural, give location) 6 Mi North West of Rogersville
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital (1)			

3. NAME OF DECEASED (Type or Print) MAMIE B. CANTRELL			4. DATE OF DEATH (Month) (Day) (Year) July 13 1949		
a. (First)	b. (Middle)	c. (Last)			

5. SEX A. I	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13 1892	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 7 Days 1	IF UNDER 2 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME J. P. Dehner	13b. MOTHER'S MAIDEN NAME Willie F. Wilkin	14. NAME OF HUSBAND OR WIFE Louis W. Cantrell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Louis W. Cantrell ADDRESS Rogersville P.S.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Diastetes DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis gangrenous toe on left foot		INTERVAL BETWEEN ONSET AND DEATH 260X
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 11, 1949**, to **July 12, 1949**, that I last saw the deceased alive on **July 13 1949** and that death occurred at **3:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. J. Dehner (Degree or title)	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 7/13/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7/15/49	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE	24d. LOCATION (City, town, or county) (State) ROGERSVILLE RR Mo
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DATE REC'D BY LOCAL REG. 7-13-49	REGISTRAR'S SIGNATURE W. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Fellow-Daniel-Beyman ADDRESS Rogersville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

39
2
b

VS SEP 1 8 1959

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 *J. K. Kelley*

Licensed Embalmer No. *3334*

P. O. Address *Fordland, Me.*

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.