

FILED JAN 4 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6015 State File No. 41840

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3052 Registrar's No. 423

0880
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Huntsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>54th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Hospital</u>		e. ADDRESS <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>Eastex</u>	c. (Last) <u>Cannon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-1950</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>4/11/1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
--------------------	-------------------------------	---	-----------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>coal miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>	11. BIRTHPLACE (State or foreign country) <u>Boone Co, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	---	---	---

13a. FATHER'S NAME <u>Simoleon Cannon</u>	13b. MOTHER'S MAIDEN NAME <u>Martha A Lawrence</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edgar Dennis Clark, Mo.</u>	ADDRESS _____
---	-------------------------------------	--	---------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Exposure and</u> DUE TO (c) <u>Malnutrition</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>471Y</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 On Dec. 16, 1950, to _____, 19____, that I last saw the deceased alive on Dec. 16, 1950, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. M. E. ...</u>	(Degree or title) _____	23b. ADDRESS <u>Huntsville, Mo</u>	23c. DATE SIGNED <u>12/20/50</u>
-------------------------------------	-------------------------	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 18/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Persimmon</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Co Mo</u>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Dec 18 50</u>	REGISTRAR'S SIGNATURE <u>P. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred ...</u>	ADDRESS <u>Madison Mo</u>
---	--	--	---------------------------

JAN 3 1951

Date Received: DEC 27 1950

DISTRICT HEALTH OFFICE #2

District File Number 12-50-2

Date Filed:

JAN 3 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Frederic A. Thompson

Signed.....

Student Embalmer

Licensed Embalmer No. *3282*

P. O. Address *Madison, 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.