

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3939

State File No. _____

0124
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death.) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give town or township) Poplar Bluff,		c. LENGTH OF STAY (in this place) 13 da.		c. CITY (If outside corporate limits, write RURAL and give township) Essex,		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brandon Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Amanda			b. (Middle)		c. (Last) Cannon		4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1951
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 16, 1873	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housekeeper			11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Curtis Wilson		13b. MOTHER'S MAIDEN NAME Julia Russell		14. NAME OF HUSBAND OR WIFE deceased
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. XX		17. INFORMANT'S SIGNATURE OR NAME Orville Cannon			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Fracture of left femur, surgical neck DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 3 days 34030 20	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Essex Stoddard Mo.		103	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 4 1951		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patient fell			
22. I hereby certify that I attended the deceased from <u>2-9</u> , 19 <u>51</u> , to <u>2-22-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-9</u> , 19 <u>51</u> , and that death occurred at <u>3:40A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i> W. H. Brandon M.D.				23b. ADDRESS Poplar Bluff Missouri		23c. DATE SIGNED 2-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-24-51		24c. NAME OF CEMETERY OR CREMATORY Essex cemetery		24d. LOCATION (City, town, or county) (State) Essex, Missouri	
DATE REC'D BY LOCAL REG. Feb. 24-1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. Dexter, Mo.		ADDRESS	

RECEIVED

MAR 7 1951

BUTLER CO. HEALTH CENTER

FILE No. 751-108

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.