

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9231

BIRTH NO.		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 5707		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- McMillen		c. LENGTH OF STAY (in this place) 11 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- McMillen			
d. FULL NAME OF HOSPITAL OR INSTITUTION Honey Lake Community				d. STREET ADDRESS (If rural, give location) Honey Lake Community			
3. NAME OF DECEASED (Type or Print) a. (First) Sarah		b. (Middle) Elizabeth		c. (Last) Cantrell		4. DATE OF DEATH (Month) (Day) (Year) March 11, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 10, 1868	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 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 Own Home		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Davis		13b. MOTHER'S MAIDEN NAME Betty Mathis		14. NAME OF HUSBAND OR WIFE Perry Cantrell			
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 ADDRESS Mrs. Dona Penn, Anderson, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Venous Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis (Arteriosclerotic) 10 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis					
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)		446X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 June, 1940, to March, 1951, that I last saw the deceased alive on March, 1951, and that death occurred at 6:55 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. B. Bird, 2nd				23b. ADDRESS Anderson Mo.		23c. DATE SIGNED 3/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 14, 1951		24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		24d. LOCATION (City, town, or county) (State) McDonald County, Missouri	
DATE REC'D BY LOCAL REG. 3-15-51		REGISTRAR'S SIGNATURE Mayne Humphreys 423		25. FUNERAL DIRECTOR'S SIGNATURE John B. Papineau		ADDRESS Goodman, Missouri	

(If used Embalmer's Statement on Reverse Side)

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

0600

0600

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED **APR 4 1951**

Dist. File 451-727

Date Filed 4-5-51

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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.