

No. 300
10-48

FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22782

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5464 Registrar's No. 13

90

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.1. Willard, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.1. Willard, Missouri	
c. LENGTH OF STAY (in this place) 6 mths		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Floyd	b. (Middle) Arthur	c. (Last) Cantwell	4. DATE OF DEATH (Month) (Day) (Year) July 9, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH September 8, 39	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR 10 Months 1 Days	IF UNDER 1 HR. 1 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bushy Knob, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Everett Cantwell	13b. MOTHER'S MAIDEN NAME Willie Ethel Steelman	14. NAME OF HUSBAND OR WIFE X
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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.	17. INFORMANT'S SIGNATURE OR NAME Reid, Almartha, ADDRESS Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) partial decapitation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		88350 27	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) one mile from Willard, Mo. 039
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 9, 1951 m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? (private crossing) riding in truck, hit by train
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22. I hereby certify that I attended the deceased from **11:12** to **12**, 19**51**, that I last saw the deceased alive on **July 9**, 19**51**, and that death occurred at **11:12** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. H. E. Wilson, Coroner	23b. ADDRESS 407 Medical Arts Bldg.	23c. DATE SIGNED 7-11-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 14th 51	24c. NAME OF CEMETERY OR CREMATORY Weasley's Cemetery	24d. LOCATION (City, town, or county) (State) 1 mile North of Willard, M
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DATE REC'D BY LOCAL REG. 7/16/51	REGISTRAR'S SIGNATURE Drew H. Wilson	DEPARTMENT DIRECTOR'S SIGNATURE Greenwade-Windle, ADDRESS Willard, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 51-7-44

Date Filed 7-20-51

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 Bernard F Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.