

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32388

State File No. _____

1170
1
DECEASED OCT 2 1951

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6266 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY WEBSTER - High Plains		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL High Plains		c. CITY (If outside corporate limits, write RURAL and give township) RURAL High Plains	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) ROSA b. (Middle) _____ c. (Last) CANTRELL			4. DATE OF DEATH (Month) (Day) (Year) AUG 30 1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 16 1873	9. AGE (in years last birthday) 78	10. MONTHS 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARSHFIELD MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME SAM BAGSBY		13b. MOTHER'S MAIDEN NAME NANCY LORD		14. NAME OF HUSBAND OR WIFE JOE CANTRELL	
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 ADDRESS BELE YOUNG MARSHFIELD R2	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Central thrombosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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) m.	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 6/10, 1950, to 8/20, 1951, that I last saw the deceased alive on 8/29, 1951, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS RD-2, Marshfield, Mo.		23c. DATE SIGNED 9/3/51
24a. BURIALS, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-3-51	24c. NAME OF CEMETERY OR CREMATORY LIBERTY	24d. LOCATION (City, town, or county) (State) WEBSTER, CO. MO	
DATE REC'D BY LOCAL REG. 9-17-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBERBARTO MARSHFIELD		

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD.

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

RECEIVED

SEP 24 1951

Dist. File

927-1736

Date Filed

9-20-51

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

Julian Goodwin

Licensed Embalmer No.

4502

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.