

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37983

FILED DEC 3 1951

State File No. \_\_\_\_\_  
Registrar's No. 39

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5-65-8

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Russell Vineyard		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Russell R.R. Vineyard	
c. LENGTH OF STAY (In this place) Native		d. STREET ADDRESS (If rural, give location) 0553	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Dave	c. (Last) Cahoon	4. DATE OF DEATH (Month) (Day) (Year)
	11	8	1951	

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 2 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 3	IF UNDER 6 HRS. Days 6	IF UNDER 15 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) Jackson County	12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Dairy Pankoun	13b. MOTHER'S MAIDEN NAME Mary Kates	14. NAME OF HUSBAND OR WIFE unknown
----------------------------------	--------------------------------------	-------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Hodges	ADDRESS Sumner Mo
--	-------------------------	---	-------------------

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) Probable Heart attack		INTERVAL BETWEEN ONSET AND DEATH Just
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) found dead in yard of DUE TO (c) Home - History of heart trouble		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. from family -		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 434.3	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 after death lived alone, that I last saw the deceased pronounced dead 11/9 1951, and that death occurred at Red Oak, Mo., from the causes and on the date stated above.

23a. SIGNATURE Herman Durridge Corson	(Degree or title) 3	23b. ADDRESS Marionville Mo	23c. DATE SIGNED 11/9/51
---------------------------------------	---------------------	-----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-11-51	24c. NAME OF CEMETERY Red Oak Cemetery	24d. LOCATION (City, town, or county) (State) La Russell, Mo.
--	--------------------	--	---

DATE REC'D BY LOCAL REG. 11-10-51	REGISTRAR'S SIGNATURE N. S. Bussey	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
-----------------------------------	------------------------------------	----------------------------------	---------

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

5550  
1

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

RECEIVED / NOV 28 1951

Dist. File 451-2090

Date Filed 11-28-51

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 \_\_\_\_\_

Kenneth E. Hayes

Student Embalmer No. 428

working under my personal supervision.

Student Kenneth E. Hayes  
Student Embalmer

Signed Paul L. Marshall

Licensed Embalmer No. 3812

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.