

No. 300
10.48
FILED MAR 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7709
Registrar's No. 10

BIRTH NO. _____		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>4108</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton, Mo		c. LENGTH OF STAY (If applicable place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton, Mo <u>02-03</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				4. DATE OF DEATH (Month) (Day) (Year) Mar. 7, 1952			
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) EMMA		c. (Last) McNEELY			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>		8. DATE OF BIRTH June 17, 1873	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (State or foreign country) Cedar County Missouri <u>0</u>		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Carr		13b. MOTHER'S MAIDEN NAME Martha Sexton		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Loren Trent, Stockton 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperstatic Pericarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Red foot patient</u> DUE TO (c) <u>Old age</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>1 month</u> <u>78 yrs.</u>	
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) _____		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 <u>3-1</u> , 19 <u>52</u> to <u>3-7</u> , 19 <u>52</u> that I last saw the deceased alive on <u>3-7</u> , 19 <u>52</u> and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Ink or title) D.O.				23b. ADDRESS <u>Stockton, Mo.</u>		23c. DATE SIGNED <u>3-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>3-9-52</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Caplinger Mills</u>		24d. LOCATION (City, town, or county) (State) Cedar County Missouri	
DATE REC'D BY LOCAL REG. <u>3-24-52</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u> <u>54-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon</u> ADDRESS <u>Stockton Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

200
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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 A. Cantler

Licensed Embalmer No. 4387

P. O. Address Stockton, Md.

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.