

FILED MAY 2-1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 12551
Registrar's No. 10

BIRTH NO. _____		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 4188		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		c. LENGTH OF STAY (in this place) 25 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION 111 E. Lincoln				d. STREET ADDRESS (If rural, give location) 111 E. Lincoln			
3. NAME OF DECEASED (Type or Print) Allen		a. (First)		b. (Middle) Cantley		c. (Last)	
4. DATE OF DEATH March 30 1952		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	
8. DATE OF BIRTH Dec. 16, 1871		9. AGE (in years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY farmer	
11. BIRTHPLACE (State or foreign country) Cleavesville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Silas Cantley		13b. MOTHER'S MAIDEN NAME Arminda Nelson	
14. NAME OF HUSBAND OR WIFE Georgia Ann Biles Cantley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ***		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cantley Owensville, 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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 16 hrs.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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 July 1949, to March 30, 1952, that I last saw the deceased alive on March 30, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE R. M. Keller		(Degree or title) M.D.		23b. ADDRESS Owensville, Mo.		23c. DATE SIGNED 4-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-2-1952		24c. NAME OF CEMETERY OR CREMATORY Cleavesville Cem.		24d. LOCATION (City, town, or county) (State) Bland, Mo. Rt.	
DATE REC'D BY LOCAL REG April 2, 1952		REGISTRAR'S SIGNATURE Dorothy Halloran		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Melford W. Winter OWENSVILLE	

(Licensed Embalmers' Statement on Reverse Side)

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

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Michael H. H. Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.