

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 State File No. **20976**

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>2032</u> Registrar's No. <u>94</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Washington</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (in this place) <u>3 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayetteville</u>		<u>2030</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>144 W Market St</u>			d. STREET ADDRESS (If rural, give location) <u>not known</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u>		b. (Middle) <u>R.</u>	c. (Last) <u>Cannon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>not known</u>	8. DATE OF BIRTH <u>Sept. 12 1902</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Days <u>9</u>
IF UNDER 1 YEAR Hours <u>24</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pipe Line Const.</u>	11. BIRTHPLACE (State or foreign country) <u>Fayetteville Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>Price Cannon</u>		13b. MOTHER'S MAIDEN NAME <u>Belle McElroy</u>		14. NAME OF HUSBAND OR WIFE <u>No information</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.2</u>		16. SOCIAL SECURITY NO. <u>431-07-5467</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ralph Lindh, Fayetteville Ark.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		4201		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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6 1/2</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles M. Linder, M.D.</u>			23b. ADDRESS <u>Warrensburg, Mo.</u>		23c. DATE SIGNED <u>7-7-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark, Arkansas</u>		
DATE REC'D BY LOCAL REG. <u>July 9, 1952</u>	REGISTRAR'S SIGNATURE <u>Lavannah Dutcher</u>	1470	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips, Warrensburg Mo.</u>		

(Licensed Embellisher's Statement on Reverse Side)

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

RECEIVED  
JUL 14 1952  
JOHNSON COUNTY HEALTH DEPT

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.