No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6645

BIRTH NO. _____ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 5-610 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Johnson,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Jefferson T.S.
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson County
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.R. No.I, Windsor, Missouri
d. STREET ADDRESS (If rural, give location): R.R. No.I, Windsor, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Luther
b. (Middle): Walter,
c. (Last): McCannon,

4. DATE OF DEATH (Month) (Day) (Year): January,26,1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Jan.24th.1900
9. AGE (In years last birthday): 53 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer,
10b. KIND OF BUSINESS OR INDUSTRY: Farming,
11. BIRTHPLACE (State or foreign country): Johnson County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George McCannon,
13b. MOTHER'S MAIDEN NAME: Martha Nunn,
14. NAME OF HUSBAND OR WIFE: Edith Ruth McCannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 492-36-7140
17. INFORMANT'S SIGNATURE OR NAME: Mrs.Edith McCannon, Windsor, Mo. — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins disease — INTERVAL BETWEEN ONSET AND DEATH: 2yrs.

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. 201X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* II-24-, 1952, *to* I-26-, 1953, *that I last saw the deceased alive on* I-26-, 1953, *and that death occurred at* 10:15 m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Clear M.D.
23b. ADDRESS: Windsor, Missouri
23c. DATE SIGNED: I-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: I-29-53
24c. NAME OF CEMETERY OR CREMATORY: Mineral Creek
24d. LOCATION (City, town, or county) (State): Leeton, Missouri.

DATE REC'D BY LOCAL REG.: 2-4-1953
REGISTRAR'S SIGNATURE: Mamie D Hacker
25. FUNERAL DIRECTOR'S SIGNATURE: R.A. Brauninger — ADDRESS: Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 10 1953
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 ns

working under my personal supervision.

Student Embalmer No.....

Signed R A Brauninger

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

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.