

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED APR 27 1953

REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6263 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>WEBSTER CO.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WEBSTER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Finley Twp</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL Finley</b>		<b>1120</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>0</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>KENNITH</b> b. (Middle) <b>WAYNE</b> c. (Last) <b>CANTRELL</b>			4. DATE OF DEATH <b>4-3-53</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>CHILD</b>	8. DATE OF BIRTH <b>12-14-46</b>		9. AGE (in years last birthday) <b>6</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> IF UNDER 24 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CHILD</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>LINDSAY CALF.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>LOYD CANTRELL</b>		13b. MOTHER'S MAIDEN NAME <b>NELLIE ROGERS</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LOYD ROGERS SEYMOIR MO.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>XVII - Burns - Accidental</b>			MEDICAL CERTIFICATION <b>181</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hours</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>XVII - Burns - Accidental</b>		MEDICAL CERTIFICATION <b>181</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hours</b>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>XVII - Burns - Accidental</b>			
ANTECEDENT CAUSES		DUE TO (b) <b>-</b>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>-</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>E9160</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>16</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>112 Webster Co. Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 2, 1952 5P.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Clothing Ignited while Playing With Matches</b>	
22. I hereby certify that I attended the deceased from <b>on April 2, 1953</b> , to <b>April 3, 1953</b> , that I last saw the deceased alive on <b>April 2, 1953</b> , and that death occurred at <b>3:04 A.M.</b> from the causes and on the date stated above.					
23a. SIGNATURE <b>C.P. Macdonnell, M.D.</b>			23b. ADDRESS <b>Marshfield, Mo.</b>		23c. DATE SIGNED <b>4/6/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-6-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SEYMOIR</b>		24d. LOCATION (City, town, or county) (State) <b>WEBSTER CO. MO.</b>
DATE REC'D BY LOCAL REG. <b>4-13-53</b>		REGISTRAR'S SIGNATURE <b>Gilbert Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Bergman Seymour Mo</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

**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 Max J Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield 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.