

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7597

State File No.

BIRTH FILED MAR 15 1954 REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6281 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Van Buren</u>	c. LENGTH OF STAY (in this place) <u>63 years</u>	c. CITY OR TOWN <u>Rural Van Buren</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		• STREET ADDRESS <u>7 North Mt. Grove Mo. 1140</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> b. (Middle) <u>L</u> c. (Last) <u>Cantrell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 19 1890</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Cleve Cantrell</u>		13b. MOTHER'S MAIDEN NAME <u>Sisk Duke</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Cantrell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Emma Cantrell GRAFF Mo.</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>See above</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1st attack</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) (Minute)	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 1-22-54, to 2-27-54, that I last saw the deceased alive on 2-27-54, and that death occurred at 9:30 P M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. G. Craig D.D.</u> (Degree or title)		23b. ADDRESS <u>Wrensburg Phone Mo</u>		23c. DATE SIGNED <u>3-1-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-1-54</u>	24c. NAME OF CEMETERY OR <u>Green Mountain</u>	24d. LOCATION (City, town, or county) (State) <u>Wright County Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-11-54</u>	REGISTRAR'S SIGNATURE <u>B. Garner 346</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell Barber Mt. Grove</u>		

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

MAR 16 1954

County: _____
Date Filed: 3-13-54

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 _____
Signature of Student Embalmer

Signed *Russell Barber*

Licensed Embalmer No. 38

P. O. Address *Mt. ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.