

No. 300
10.48

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15650**
Registrar's No. **41**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 300 W. Colt	
d. FULL NAME OF HOSPITAL OR INSTITUTION Windsor Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HILL c. (Last) CANNON			4. DATE OF DEATH (Month) (Day) (Year) June 7, 1954		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 8, 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Henry County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME L. D. Cannon		13b. MOTHER'S MAIDEN NAME Laura Pears		13c. NAME OF HUSBAND OR WIFE Ida Plecker Cannon	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Miss H. Cannon		ADDRESS Windsor, Mo	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cobal Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days 3 yrs 2 1/2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Fracture of Hip		
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 490XF	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1952 to 6-7**, 1954 that I last saw the deceased alive on **6-6**, 1954, and that death occurred at **3:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. J. [Signature]	(Degree or title) M.D.	23b. ADDRESS Windsor, Mo	23c. DATE SIGNED 6-8-54
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24a. BURIAL/CREMATION REMOVAL (Specify) Burial	24b. DATE 6-9-54	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor, Missouri
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DATE REC'D BY LOCAL REG. June 7-54	REGISTRAR'S SIGNATURE Florena Adair	25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner	ADDRESS Windsor, Mo
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, Me

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.