

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1948**

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **3908** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Genius		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Genius	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland 0780	
c. LENGTH OF STAY (In this place) 18 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Jerry Franklin b. (Middle) Cannon c. (Last) Cannon			4. DATE OF DEATH (Month) (Day) (Year) 1-12-55		
---	--	--	---	--	--

5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-18-1884		9. AGE (In years last birthday) 70		# UNDER 1 YEAR: 4 Months 20 Days 0 Hours 0 Min.		# UNDER 1 WKS. 0 Days 0 Hours 0 Min.	
-----------------	--	-------------------------------	--	---	--	-----------------------------------	--	---	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm			11. BIRTHPLACE (State or foreign country) Rock Creek, Ark.			12. CITIZEN OF WHAT COUNTRY? USA		
--	--	--	---	--	--	---	--	--	---	--	--

13a. FATHER'S NAME W.R. Cannon			13b. MOTHER'S MAIDEN NAME Martha Moore Mattheis Cannon			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) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Del Cannon		ADDRESS Holland Mo	
--	--	-------------------------	--	---	--	---------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						19 min.	
		ANTECEDENT CAUSES						Several yrs.	
		DUE TO (b) Arteriosclerosis						Several yrs.	
		DUE TO (c) Hypertension						Several yrs.	
		II. OTHER SIGNIFICANT CONDITIONS						d. o. a.	
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **2 Jan**, 19**55**, to **12 Jan**, 19**55**, that I last saw the deceased alive on **d. o. a.**, 19**55**, and that death occurred at **2:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE Robert Bartlett D.O.		23b. ADDRESS Steele Mo.		23c. DATE SIGNED 19 Jan 55	
--	--	--------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION REMOVAL (Specify) Rural		24b. DATE 1-14-55		24c. NAME OF CEMETERY OR CREMATORY Steele Mo		24d. LOCATION (City, town, or county) (State) Steele Mo	
DATE REC'D BY LOCAL REG. 1-20-55		REGISTRAR'S SIGNATURE J. P. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE German Truck Co		ADDRESS Steele Mo	

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

780
1

1-31-55

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE #9
CARUTHERSVILLE, MO.

JAN 24 1955

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
John H. German
Licensed Embalmer No. *4355*

P. O. Address

Hayti, 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.