

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21978

BIRTH NO.		REG. DIST. NO. 141	PRIMARY REG. DIST. NO. 5552	Registrar's No. 60
1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Myatt Twp		c. LENGTH OF STAY (in this place) township) 85 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Myatt Twp. 0460
d. FULL NAME OF HOSPITAL OR INSTITUTION residence		d. STREET ADDRESS (If rural, give location) West Plains, Mo., Lebo Rt.		
3. NAME OF DECEASED (Type or Print) MARTHA		a. (First) ANN	b. (Middle) CANNON	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1955				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 3, 1865	9. AGE (In years last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Greene County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Larkin Allen		13b. MOTHER'S MAIDEN NAME Sarah Hill	14. NAME OF HUSBAND OR WIFE L. Dow Cannon	
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. none	17. INFORMANT'S SIGNATURE OR NAME Oscar Cannon, West Plains, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Lower Bowel ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) as diagnosed by family + undertaker DUE TO (c) (no hr. for several years.) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153x		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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30a m., from the causes and on the date stated above.				
23a. SIGNATURE Beatrice Cook (Registrar)		23b. ADDRESS West Plains mo		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Aug 5, 1955	24c. NAME OF CEMETERY OR CREMATORY State Line Cem.	24d. LOCATION (City, town, or county) (State) Fulton County, Arkansas.	
DATE REC'D BY LOCAL REG. 8-9-55	REGISTRAR'S SIGNATURE Beatrice Cook	25. FUNERAL DIRECTOR'S SIGNATURE Hal Shouber	ADDRESS Plains, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.