

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22714

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5627 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Competition		c. CITY OR TOWN Grove Spring	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 hours		STREET ADDRESS (If rural, give location) Rural Route # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 Miles N.W. of Competition			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Cantrell Jr.			4. DATE OF DEATH (Month) (Day) (Year) July 10, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH June 11, 1948		9. AGE (In years last birthday) 7		10. UNDER 1 YEAR Months 29 Days 11. UNDER 1 Wks. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Buffalo, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Joseph Cantrell		13b. MOTHER'S MAIDEN NAME Imogene Stepp		14. NAME OF HUSBAND OR WIFE None	
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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 Mrs. Imogene Franklin	
				ADDRESS Grove Spring	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drown while he and his				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Playmates were swimming in a farm Pond on the Esther Jones					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. farm near Competition Mo.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9298 4/2				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3 mi N.W. Competition Mo		21c. (CITY, TOWN, OR TOWNSHIP) 053 (COUNTY) Laclede Mo. (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 10 1955 4:55 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Drown while swimming in a pond	
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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 **4:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. P. Cabre		(Degree or title) Coroner		23b. ADDRESS Lebanon Mo.		23c. DATE SIGNED 7/12/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Hough Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Laclede County, Mo.	
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DATE REC'D BY LOCAL REG. 7-13-1955		REGISTRAR'S SIGNATURE Wella S. Blay		424 25. FUNERAL DIRECTOR'S SIGNATURE Holman Funeral Home		ADDRESS Lebanon, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

530
3

Received 7-18-55

Laclede County Health Unit

File No. 110

Date Filed 7-18-55

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 42

P. O. Address Leban

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.