

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 773

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY **Wright**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MO.** b. COUNTY **Wright**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **MANSfield**

c. CITY OR TOWN **MANSfield 1140** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **MANSfield Hosp.**

e. STREET ADDRESS (If rural, give location) **7 Miles N.W. of MANSfield**

3. NAME OF DECEASED (Type or Print) a. (First) **MARtha** b. (Middle) **ELLEN "MATTIE"** c. (Last) **CANTREll**

4. DATE OF DEATH (Month) (Day) (Year) **JUNE 21 1955**

5. SEX **F**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **APRIL 18, 1883**

9. AGE (In years last birthday) **72** IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Home**

11. BIRTHPLACE (City and State or Foreign Country) **Wright County MO.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William Alford**

13b. MOTHER'S MAIDEN NAME **MARY Kelly**

14. NAME OF HUSBAND OR WIFE **JAP CANTREll**

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 ADDRESS **Glen Cantrell MANSfield 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial Insufficiency**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Atherosclerosis**  
DUE TO (c) **H221**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **10 days**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 25, 1955**, to **June 21, 1955**, that I last saw the deceased alive on **June 21, 1955** and that death occurred at **8:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Merita O. Miller Do**

23b. ADDRESS **Do Mansfield, Mo**

23c. DATE SIGNED **7-4-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **JUNE 23, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Mt. ZION**

24d. LOCATION (City, town, or county) (State) **Wright County MO.**

DATE REC'D BY LOCAL REG. **7/23/55**

REGISTRAR'S SIGNATURE **38471**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Max J Miller Mansfield Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 258-0A  
Date Filed JUL 30 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 *Max J Miller*.....

Licensed Embalmer No. *476*

P. O. Address *Manassas*

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.