No. 300
10.48

FILED NOV 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33883
State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO 5628 Registrar's No. 173

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lynchburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo.
b. COUNTY Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lynchburg, Mo.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Ada
b. (Middle)
c. (Last) Cantrell

4. DATE OF DEATH (Month) (Day) (Year) Oct 25, 1955

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 24, 1893
9. AGE (In years last birthday) 62 — If under 1 year: Months 0, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Wright Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Bill Adams
13b. MOTHER'S MAIDEN NAME Mary Randolph
14. NAME OF HUSBAND OR WIFE Marion Cantrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Merwin Cantrell
ADDRESS Hartville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Burned to Death
DUE TO (c)

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
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Gasconade T.S. (COUNTY) Laclede (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 25, 1955 4 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? House Fire

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 1:00 P m., from the causes and on the date stated above.*

23a. SIGNATURE S R Palmer Jr. (Degree or title) Coroner
23b. ADDRESS Lebanon, Mo.
23c. DATE SIGNED 10-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 30-55
24c. NAME OF CEMETERY OR CREMATORY Manes
24d. LOCATION (City, town, or county) Manes (State) Mo.

DATE REC'D BY LOCAL REG. 10-28-1955
REGISTRAR'S SIGNATURE Ella L. Hay 424
25. FUNERAL DIRECTOR'S SIGNATURE Noble-Windle
ADDRESS Mountain Grove Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Received 11-7-55

Laclede County Health Unit

File No. 173

Date Filed 11-7-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Frank Grable

Licensed Embalmer No. 4149

P. O. Address Intl Grove, 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.