

10-300
10-48

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37402

State File No. _____

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

557

BIRTH NO. _____		REG. DIST. NO. <u>180</u>	PRIMARY REG. DIST. NO. <u>4292</u>	Registrar's No. <u>2nd</u>
1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>		
b. CITY OR TOWN <u>WINFIELD</u>		c. CITY OR TOWN <u>WINFIELD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		e. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		_____ 0570		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>TULLY</u>	c. (Last) <u>CANNON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1955</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 22, 1859</u>	9. AGE (In years last birthday) <u>96</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RFD-FOLEY, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JAMES S. CANNON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN ADMIRE</u>	14. NAME OF HUSBAND OR WIFE <u>ADDIE BROYLES CANNON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Boolsodian - Winfield</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		ANTECEDENT CAUSES		<u>27 days</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Atherosclerosis</u>		<u>1</u>
		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.	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 <u>Oct. 21, 1955</u> , to <u>Nov. 18, 1955</u> , that I last saw the deceased alive on <u>Nov. 17, 1955</u> , and that death occurred at <u>2:00 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Robert M. Hull, D.O.</u>		23b. ADDRESS <u>Claberry Missouri</u>	23c. DATE SIGNED <u>Nov. 22, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-20-55</u>	24c. NAME OF CEMETERY OR CRYPTORY <u>CORINTH</u>	24d. LOCATION (City, town, or county) (State) <u>FOLEY, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 26-55</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	162	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Earl - Elsberry, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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: 

Licensed Embalmer No. 401

P. O. Address Elsbury, ..

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.