

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40190**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1158</u>			
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE					
b. CITY (If outside corporate limits, write RURAL and give town or township) SPRINGFIELD		c. LENGTH OF STAY (in this place) 4 Days		c. CITY OR TOWN SPRINGFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL				e. STREET ADDRESS (If rural, give location) 701 E. DALE					
3. NAME OF DECEASED (Type or Print) a. (First) HOMER			b. (Middle) F.		c. (Last) CANTRELL		4. DATE OF DEATH (Month) (Day) (Year) DEC. 24, 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV. 8, 1902		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCERY		10b. KIND OF BUSINESS OR INDUSTRY GROCERY		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JOHN CANTRELL			13b. MOTHER'S MAIDEN NAME NANCY JANE GARNER			14. NAME OF HUSBAND OR WIFE MADALINE 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. 499-07-9327		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MADALINE CANTRELL (WIFE)				
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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hypertensive Cardio-renal Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442K						INTERVAL BETWEEN ONSET AND DEATH 3 days	
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) (Min)		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>Dec 20</u> , 19 <u>55</u> , to <u>Dec 24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 24</u> , 19 <u>55</u> , and that death occurred at <u>9:50 p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. Newton Chatterman, M.D.				23b. ADDRESS Springfield Mo			23c. DATE SIGNED 12-27-55		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE 12-27-1955		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI			
DATE REC'D BY LOCAL REG. 12-27-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPRINGFIELD, MISSOURI					

(Licensed Embalmer's Statement on Reverse Side)

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

b. 300
b. 48

JAN 10 1968

APR 11 1968

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 *Glen W. Williams*

Licensed Embalmer No. *462*

P. O. Address *Springfield*

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.