

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 19

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 (If outside corporate limits, write RURAL, and give township) <u>Elsberry</u>		c. CITY OR TOWN <u>Elsberry</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Residence</u>			
e. STREET ADDRESS (If rural, give location) <u>South Third St. 0570</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KNOX</u> b. (Middle) _____ c. (Last) <u>CANNON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-1956</u>	
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>7-11-1900</u>	9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>16</u> IF UNDER 24 HRS. Hours <u>16</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County Mo.</u>
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas B. Cannon</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Rebecca Knox</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-12-9976</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. NELL CANNON</u>	ADDRESS <u>Elsberry Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>201X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-23 1955, to 6-27 1956, that I last saw the deceased alive on 6-27 1956, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L.H. Callaway DO</u>	(Degree or title)	23b. ADDRESS <u>Elsberry Mo</u>	23c. DATE SIGNED <u>6-29-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-29-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elsberry Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Elsberry Lincoln Mo</u>
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DATE REC'D BY LOCAL REG <u>7/9/1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kinty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton Mills</u>	ADDRESS <u>Elsberry, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956 JUN 27 11:22

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 June 27 - 1956, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... Clifton Miller

Licensed Embalmer No. 33

P. O. Address Elkhart

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.