FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42813

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10644

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA City Hosp. — Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 318 Barry street — Reside on Farm Yes ☐ No ☐

223 8

3. NAME OF DECEASED (Type or print) First MELVIN Middle FLOYD Last CANTRELL

4. DATE OF DEATH Month Day Year 11-17-56

5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 8-12-1912
9. AGE (In years last birthday) 44 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) welder
10b. KIND OF BUSINESS OR INDUSTRY construction
11. BIRTHPLACE (City and state or country) Soddard Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME W. R. Cantrell
14. MOTHER'S MAIDEN NAME Letty Malone
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. unknown
17. INFORMANT Address W. R. Cantrell, Puxico, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Alcoholism
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 322.0
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 600 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M Kelly Deputy Coroner 3
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 11-21-56

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 11-19-56
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Puxico, Mo.

24. FUNERAL DIRECTOR ADDRESS Morgan, Puxico, Mo.
25. DATE RECD. BY LOCAL REG. NOV 21 1956
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. G.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.