No. 300
10.48

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24975

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4237 Registrar's No. 297

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If within corporate limits, write RURAL and give township): Raytown
c. LENGTH OF STAY (In this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9420 E. 67th Ter

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Raytown
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 9420 E 67th Terrace

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar
b. (Middle): C.
c. (Last): Cannon

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 9, 1879
9. AGE (In years last birthday): 77 — 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): Ret. Packing
10b. KIND OF BUSINESS OR INDUSTRY: Meat Packing
11. BIRTHPLACE (City and State or Foreign Country): Milan, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Cannon
13b. MOTHER'S MAIDEN NAME: Nancy Pyles
14. NAME OF HUSBAND OR WIFE: Mina Cannon
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.: 511-07-3770
17. INFORMANT'S SIGNATURE OR NAME: Virgil L. Wells — ADDRESS: 12135 E 48th Ter

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

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. Uremia,

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Sept, 1955, to 13 July, 1957, that I last saw the deceased alive on 13 July, 1957, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Jack M. Davis M.D.
23b. ADDRESS: Raytown Mo
23c. DATE SIGNED: 17 July 57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 18, 57
24c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cem
24d. LOCATION (City, town, or county) (State): Raytown, Mo

DATE REC'D BY LOCAL REG.: 7-17-57
REGISTRAR'S SIGNATURE: James L. Craig
25. FUNERAL DIRECTOR'S SIGNATURE: Kepley-Raytown — ADDRESS: Raytown Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1

54

JUL 2 3 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dixon L. Kepley

Licensed Embalmer No. 422

P. O. Address Judy

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