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FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 6750-50

STATE FILE NUMBER 885

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>NIANGUA MO R2</b>
c. FULL NAME OF (If NOT hospital, give location) HOSPITAL OR INSTITUTION <b>BURGE</b>		Length of stay in 1b <b>3HRS</b>	d. STREET ADDRESS (If outside, give location) <b>LMIE MARSHFIELD</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>DONALD GENE CANTRELL</b>		4. DATE OF DEATH Month Day Year <b>JAN 1 1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	DATE OF BIRTH <b>JAN 1 1958</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>
13a. FATHER'S NAME <b>CLARENCE CANTRELL</b>		13b. MOTHER'S MAIDEN NAME <b>BENEVA JUSTIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT Address <b>CLARENCE CANTRELL NIANGUA MO R2</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Premature Birth (2 lb. 10 oz)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs 20 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Premature separation of Placenta</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>761.5</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>1/1/58</b> to <b>1/1/58</b> and last saw her alive on <b>1/1/58</b> . Death occurred at <b>2:30 A</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. M. Macdonnell MD.</b>		22b. ADDRESS <b>Marshfield, Mo.</b>	22c. DATE SIGNED <b>1/2/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-3-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BACK OAK</b>	23d. LOCATION (City, town, or county) (State) <b>WEBSTER CO MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>BARBER-EDWARDS MARSHFIELD</b>		25. DATE RECD. BY LOCAL REG. <b>1-3-58</b>	26. REGISTRAR'S SIGNATURE <b>Edith Kelly</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 *Not Embalmed* .....

Licensed Embalmer No.....  
P. O. Address .....

**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.**