Health, & Welfare Public Service
4
S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024823
STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 53 Primary Registration District No. _____ Registrar's No. 391

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Cape Girardeau — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Cape Osteopathic — Length of stay in lb: 31 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cape
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 500 Koch — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Harry — Middle: Olden — Last: Cantrell

4. DATE OF DEATH: Month: July — Day: 3 — Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov 2 1893
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 8, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miller
10b. KIND OF BUSINESS OR INDUSTRY: Marquette Cement
11. BIRTHPLACE (City and state or country): Delta Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Thomas Cantrell
13b. MOTHER'S MAIDEN NAME: Anna Sorrell
14. NAME OF HUSBAND OR WIFE: Grace Cantrell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 490-05-7883
17. INFORMANT: Grace Cantrell, Address: Cape Gir 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Auricular Fibrillation
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis, Nephritis, Hepatic Cirrhosis & Chronic Bronchitis
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 6/25/58, to 7/3/58 and last saw ~~her~~ him alive on July 3, 1958
Death occurred at 1:43 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R.M. Stevenson, D.O. 2
22b. ADDRESS: 202-06 Hirsch Bldg. Cape Girardeau, Mo.
22c. DATE SIGNED: 7/7/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-6-1958
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.

24. FUNERAL DIRECTOR — ADDRESS: Brinkopf Howell, Cape Gir, Mo.
25. DATE RECD. BY LOCAL REG.: July 10, 1958
26. REGISTRAR'S SIGNATURE: Mrs. Homer E. Cooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

AUG 14 1958

JAN 28 1959

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 Neil H. Grossheider

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau, Mo

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.