

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031692

STATE FILE NUMBER

FILED OCT 15 1958

Registration District No.

27

Primary Registration District No.

5087
4-0-3-4

Registrar's No.

13L

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hume		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hume 2070
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Hume, Mo.		Length of stay in lb Lifetime	d. STREET ADDRESS (If outside, give location) None
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First PERRY	Middle FRANCIS	Last CANNON	Month October	Day 5,	Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/8/1867		9. AGE (In years last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer & Stockman		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Nebo, Illinois.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Elijah Cannon		13b. MOTHER'S MAIDEN NAME Sarah Starks		14. NAME OF HUSBAND OR WIFE Julia Ann Carter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs Blanche Adams Address Hume, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gastrointestinal hemorrhage.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Peptic ulcer.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis and arteriosclerotic heart disease		5400

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 WORK <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 3/2/1956 to 10/5/58 and last saw him alive on 7/4/58 Death occurred at 8:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) John Aldis M.D.	22b. ADDRESS 77. Scott, Kans.	22c. DATE SIGNED 10/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 8, 1958	23c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery	23d. LOCATION (City, town, or county) (State) Linn co., Kansas
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24. FUNERAL DIRECTOR Richard L. Shiffin Cheney Undertaking Company	ADDRESS Rort Scott, Kansas	25. DATE RECD. BY LOCAL REG. Oct. 8-1958	26. REGISTRAR'S SIGNATURE Kendall Krumm
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

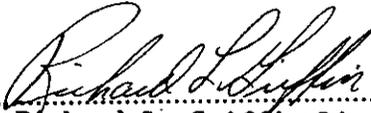
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 
Richard L. Griffin Licensed Embalmer
Licensed Embalmer No....5053.....

P. O. Address Fort...Scott, Kans

201-03 South Main

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.