

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039444  
STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 296

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1-57

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Marthasville</b> 190		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>		Length of stay in 1b <b>24 hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Route # 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>WILEY</b> Last <b>CANNON</b>			4. DATE OF DEATH Month <b>November</b> Day <b>23</b> Year <b>1958</b>		
5. SEX <b>Male</b> 2	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 1, 1877</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farming</b>	11. BIRTHPLACE (City and state or country) <b>Lincoln Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Noah Cannon</b>		13b. MOTHER'S MAIDEN NAME <b>Martha C. Carpenter</b>		14. NAME OF HUSBAND OR WIFE <b>Jennie Brent Cannon</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>495-34-0801</b>	17. INFORMANT Address <b>Jennie Cannon, 109 Monroe, Kinloch, Missouri</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>Ch. Nephritis (Nrenia)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Urenia Poison obstruction</b> DUE TO (c) <b>of urinary tract</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Myocarditis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
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>Nov. 20, 1958</b> to <b>Nov. 23, 1958</b> and last saw her alive on <b>Nov. 23, 1958</b> Death occurred at <b>5:40 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. Johnson</i> (Degree or title)			22b. ADDRESS <b>Marthasville mo</b>		22c. DATE SIGNED <b>11/28/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11/29/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wesley Methodist Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Wright City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Kemper-Marsh Funeral Home Troy, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>11/29/58</b>	26. REGISTRAR'S SIGNATURE <i>J.P. Williams</i>

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 *Joseph J. Marsh* .....  
Licensed Embalmer No. *3932*

P. O. Address *Troy, Missouri* .....

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.

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