

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036104

FILED VS OCT 16 1959 49

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 4835 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN HOLDEN	
Length of stay in 1b 1 day.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORAH HOSP.		d. STREET ADDRESS (If outside, give location) 8TH ST.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First TERRY Middle PHILLIP Last CANTRELL			4. DATE OF DEATH Month OCT. Day 6 Year 1959			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-24-1932	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER	10b. KIND OF BUSINESS OR INDUSTRY EDUCATION	11. BIRTHPLACE (City and state or country) HOLDEN, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN THOMAS CANTRELL	13b. MOTHER'S MAIDEN NAME BESSIE GARDNER	14. NAME OF HUSBAND OR WIFE NONE.
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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. 487-34-4588	17. INFORMANT MR. J. T. CANTRELL, HOLDEN, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia due to Inter-capillary Glomerulonephritis	1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Diabetes Mellitus	12 years
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary Arteriosclerosis	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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
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21. I attended the deceased from **Oct 5, 1959** to **Oct 6, 1959** and last saw him alive on **Oct 6, 1959**
Death occurred at **3:32 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack W. Wolf	(Degree or title) M.D.	22b. ADDRESS 409 E. 67 St Kansas City, Mo	22c. DATE SIGNED 10/7/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-8-1959	23c. NAME OF CEMETERY OR CREMATORY HOLDEN CEMETERY	23d. LOCATION (City, town, or county) HOLDEN, MO.	(State)
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24. FUNERAL DIRECTOR E. B. CAST	ADDRESS HOLDEN, MO.	25. DATE RECD. BY LOCAL REG. 10-7-59	26. REGISTRAR'S SIGNATURE Neva Mitchell
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Jack W. Wolf

STATEMENT BY LICENSED EMBALMER

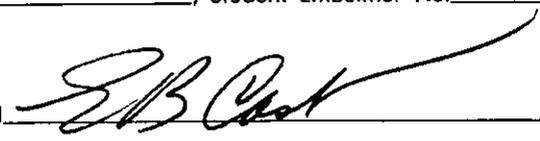
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 4059

P. O. Address Holden,

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.