

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005828

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5673 Registrar's No. 27

AMENDED

FILED VS MAR 6 1961

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe Township		Length of stay in 1b 10 years	c. CITY OR TOWN Moscow Mills Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Chantilly community Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WALTER EDMOND Middle CANNON Last			4. DATE OF DEATH Month February Day 28 , Year 1961
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 14 May 07 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (City and state or country) Foley, Mo.
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Charles Tully Cannon	
13b. MOTHER'S MAIDEN NAME Addie May Broyles		14. NAME OF HUSBAND OR WIFE Hazel Marie (Nichols)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Hazel Marie Cannon Moscow Mills, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction			2 years
DUE TO (c) Coronary atherosclerosis			Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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
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 12 a.m. / p.m. Month, Day, Year 12 / 1	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 Nov. 9, 1960 to Feb. 28, 1961 and last saw him alive on Feb. 4, 1961 Death occurred at 5 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Regina J. County, M.D. (Degree or title)		22b. ADDRESS St. Charles, Mo.	22c. DATE SIGNED 3/2/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 2, 1961	23c. NAME OF CEMETERY OR CREMATORY Winfield Cemetery	23d. LOCATION (City, town, or county) (State) Winfield, Missouri
24. FUNERAL DIRECTOR O'Garlan Ricks		ADDRESS Elberry, Mo.	25. DATE RECD. BY LOCAL REG. 3-2-1961 26. REGISTRAR'S SIGNATURE Charlotte Leek

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

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 Garlan Kicks

Licensed Embalmer No. 4012
P. O. Address Elsterry, 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.