

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032469

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District 2000 Registrar's No. 934B

FILED OCT 16 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| | | | | | | | |
|--|---|---|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | | Length of stay in 1b <u>24 hours</u> | | c. CITY OR TOWN <u>Mtn. Grove</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Johns Hospital</u> | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>North Star Route</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Jesse</u> Middle <u>Hunter</u> Last <u>Cantrell</u> | | | | 4. DATE OF DEATH Month <u>October</u> Day <u>3</u> Year <u>1961</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-17-1882</u> | 9. AGE (last birthday) <u>80</u> | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General</u> | | 11. BIRTHPLACE (City and state or country) <u>Manes, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>Anderson Cantrell</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth (Unknown)</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Martha Cantrell</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>*****</u> | | 17. INFORMANT <u>Martha Cantrell</u> Address <u>Mtn. Grove, Missouri</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION, ACUTE, DUE TO ARTERIOSCLEROTIC CORONARY THROMBOSIS</u> DUE TO (b) _____ DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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.) <u>NONE</u> | | | | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ <u>NONE</u> | | 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 <u>OCTOBER 3, 1961</u> to <u>OCTOBER 4, 1961</u> and last saw him alive on <u>OCT 4, 1961</u> Death occurred at <u>4:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>W.D. Paul</u> (Degree or title) <u>M.D.</u> | | | | 22b. ADDRESS <u>609 Cherry, Springfield, Mo</u> | | | 22c. DATE SIGNED <u>10/5/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>10-4-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Manes Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Manes, Wright Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>Ewell C. Craig</u> ADDRESS <u>Mtn. Grove, Missouri</u> | | | 25. DATE RECD. BY LOCAL REG. <u>10-11-61</u> | | 26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u> | | |

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 *Lowell C. Craig*

Licensed Embalmer No. 4766

P. O. Address *Mt. Grove*

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.