

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043537

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 3

STATE FILE NUMBER

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		c. CITY OR TOWN Butler	
Length of stay in 1b 87		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 302 N High St		d. STREET ADDRESS (If outside, give location) 302 N High	
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 Middle Last William Walker Cannon			4. DATE OF DEATH Month Day Year Dec 28 1961
5. SEX Male	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/4/1874
9. AGE (last birthday) 87		IF UNDER 1 YEAR Months 2 Days 24	IF UNDER 24 HR Hours 10 Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Grain Elevator	11. BIRTHPLACE (City and state or country) Bates Co Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry Cannon	
13b. MOTHER'S MAIDEN NAME Octavia Myers		14. NAME OF HUSBAND OR WIFE Daisy D Cannon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Spanish American		16. SOCIAL SECURITY NO. none	
17. INFORMANT Daisy D Cannon		Address Butler Mo	
18. CAUSE OF DEATH (Enter only one cause for this item (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial infarction with Pulmonary Edema.			INTERVAL BETWEEN ONSET AND DEATH 4 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Edema. DUE TO (c) Chronic Interstitial Nephritis			10 yrs
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 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 Sept 7, 1959 to Dec 28, 1961 and last saw ^{him} her alive on Dec 27, 1961 Death occurred at 7 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas. G. Lusk Jr MD		22b. ADDRESS Butler Missouri	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/30/61	23c. NAME OF CEMETERY OR CREMATORY Oakhill	23d. LOCATION (City, town, or county) (State) Butler Missouri
24. FUNERAL DIRECTOR Culver Underwood		25. DATE RECD. BY LOCAL REG. 12-30-61	26. REGISTRAR'S SIGNATURE Norma Jean Wilson
ADDRESS Butler Mo.			

JAN 9 1962

OCT 10 1962

JAN 7 1962

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 Robert G. Steinfeld

Licensed Embalmer No. 4657

P. O. Address Butler, 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.