MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-024198

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. ~~3055~~ Registrar's No. 65

FILED JUN 26 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

1 0840
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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar — Length of stay in 1b Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pleasant View Rest Home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Polk
c. CITY OR TOWN Aldrich — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Aldrich — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HORCE Middle LANDO Last CANTRELL

4. DATE OF DEATH Month June Day 17 Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6-17-1872

9. AGE (last birthday) 90 — 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (City and state or country) Dadeville, Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Cantrell

13b. MOTHER'S MAIDEN NAME Caroline Cantrell

14. NAME OF HUSBAND OR WIFE Cora Cantrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN

16. SOCIAL SECURITY NO. None

17. INFORMANT Bessie Williams Address Fair Play, Mo

MEDICAL CERTIFICATION

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 heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chronic myocarditis
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year [redacted]

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 6-7-62, to 6-17-62 and last saw her/him alive on 6-7-62
Death occurred at 5:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD

22b. ADDRESS Bolivar Mo

22c. DATE SIGNED 6/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6-19-62

23c. NAME OF CEMETERY ~~OR CREMATORY~~ Shady Grove

23d. LOCATION (City, town, or county) (State) N.W. of Aldrich Mo

24. FUNERAL DIRECTOR ADDRESS Brim-Daniel Funeral Ser. Inc Walnut Grove

25. DATE RECD. BY LOCAL REG. June 21, 1962

26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

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 Donavon G Labin

Licensed Embalmer No. 5159

P. O. Address Walnut Grove, 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.