

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002882

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Primary Registration District No. 3054 Registrar's No. 22

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 13 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pike</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Louisiana</u> | | Length of stay in 1b <u>1 week</u> | c. CITY OR TOWN <u>Gurryville</u> |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Pike County Hospital</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>General Delivery</u> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>FORREST A. CANNON</u> | | 4. DATE OF DEATH Month Day Year <u>February 4, 1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</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>2-25-93</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Brick mfg.</u> | 9. AGE (last birthday) <u>69</u> |
| 13a. FATHER'S NAME <u>Noah Cannon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Cannon</u> | 14. NAME OF HUSBAND OR WIFE <u>Addell Cannon</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Addell Cannon, Gurryville, Missouri</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>C. V. A. with Coma</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardio vascular dis.</u> | | | <u>5 yrs. plus</u> |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonia, Pyelonephritis - 2 weeks</u> | | | 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 a.m. p.m. Month, Day, Year | 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>1/28/63</u> , to <u>2/4/63</u> and last saw him <input checked="" type="checkbox"/> alive on <u>2/4/63</u> Death occurred at <u>1:40 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Chas H. Lunnell MD</u> | | 22b. ADDRESS <u>Louisiana, Missouri</u> | 22c. DATE SIGNED <u>2/6/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-9-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u> | 23d. LOCATION (City, town, or county) (State) <u>Bowling Green, Pike, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Harold Kirks, Bowling Green, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-8-63</u> | 26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u> |

USE BLACK INK OR TYPEWRITER RIBBON

KS FEB 21 1968

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

Harold Kirke

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.