

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1059**

JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN Windsor		c. CITY OR TOWN Windsor	
c. LENGTH OF STAY (If this place) 1 hour		d. STREET ADDRESS (If rural, give location) 100 S. Tebo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital			
3. NAME OF DECEASED (Type or Print), EMMA		4. DATE OF DEATH (Month) (Day) (Year) Jan. 15 1952	
a. (First)		b. (Middle)	
c. (Last) CANTRELL			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 8, 1868
9. AGE (In years last birthday) 83		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		11. BIRTHPLACE (State or foreign country) Unknown	
13a. FATHER'S NAME Unknown		14. NAME OF HUSBAND OR WIFE John H. Cantrell	
13b. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME J.B. Cantrell San Francisco Calif		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart Failure ANTECEDENT CAUSES Hypertensive Heart Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/25 , 19 52 , to Jan 15 , 19 52 , that I last saw the deceased alive on Jan 15 , 19 52 , and that death occurred at 3:05 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Glaude M. Shuber M.D. (Degree or title)		23b. ADDRESS 114 N Main Windsor Mo	
23c. DATE SIGNED 1/17/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-17-52	
24c. NAME OF CEMETERY OR CREMATORY Englewood		24d. LOCATION (City, town, or county) (State) Clinton Missouri	
DATE REC'D BY LOCAL REP. Jan-17-52		REGISTRAR'S SIGNATURE Florence Adams 1/22	
25. FUNERAL DIRECTOR'S SIGNATURE Huston-Turner		ADDRESS Windsor, Mo.	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0477

RECEIVED JAN 21 1952
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed JAN 21 1952

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Thunder, 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 this body is not embalmed, fact should be so stated above.