

FILED SEP 23 1949

# STANDARD CERTIFICATE OF DEATH

State File No. 345417

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>5839</u>		Registrar's No. <u>37</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <u>Newton</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby, (R), Franklin</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Newton</u>			
c. LENGTH OF STAY (in this place) <u>7yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby, (R) Franklin Granby</u>		d. STREET ADDRESS (If rural, give location) <u>Granby Missouri Rural</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		3. NAME OF DECEASED				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Homer</u>		b. (Middle) <u>Jackson</u>		c. (Last) <u>Cantrell</u>		DEATH <u>(9-15-1949)</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-14-1893</u>			
9. AGE (In years last birthday) <u>55</u>		10. 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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Afton Oklahoma</u>			
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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Afton Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Abe Cantrell</u>			13b. MOTHER'S MAIDEN NAME <u>Malinda Ervin</u>			14. NAME OF HUSBAND OR WIFE <u>Agnes Cantrell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>			16. SOCIAL SECURITY NO. <u>491-12-4663</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Agnes Cantrell Granby Mo.</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>				ANTECEDENT CAUSES <u>History of pain in chest for a few days.</u>					
Morbidity 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.								<u>4/3/49</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>9.15</u> , 19 <u>49</u> , to <u>9.15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9.15</u> , 19 <u>49</u> , and that death occurred at <u>9 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. E. Rolens MD</u>				(Degree or title)		23b. ADDRESS <u>Granby Mo.</u>		23c. DATE SIGNED <u>9.18.49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Granby Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Granby Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Sept 18, 1949</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Morris Pope</u>		ADDRESS <u>Wharton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24 1948

NOV 8 1948

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.....

*James Kenneth Duncan* Student Embalmer No. *308*  
working under my personal supervision.

*James Kenneth Duncan*  
Student .....  
Student Embalmer

Signed *Wm Morris Payne*

Licensed Embalmer No. *3482*

P. O. Address *Wheaton, 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.