

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Horton 23270
State File No. 629

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 629

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1330 Cherry Street (Burger-Connelly Post Home)</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATE</u>		b. (Middle) <u>FACE</u> c. (Last) <u>GANTRELL</u>	
4. DATE OF DEATH <u>July 13, 1950</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan. 17, 1878</u>		9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Harrison, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Fletcher Pace</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Howell</u>	
14. NAME OF HUSBAND OR WIFE <u>Howard Cantrell, dec.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. H. Purdue, Little Rock, Arkansas</u> 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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arterio sclerotic heart disease and Hypertensive heart disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Fracture, intertrochanteric, comminuted, left femur</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u> <u>24 hrs.</u>	
21a. ACCIDENT (Specify) <u>accident</u> SUICIDE _____ HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nursing home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Greene, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 12, 1950 7:00 PM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell down in bedroom 13:3</u>	
22. I hereby certify that I attended the deceased from <u>July 12, 1950</u> to <u>July 13, 1950</u> , that I last saw the deceased alive on <u>July 12, 1950</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James D. Horton, M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	
23c. DATE SIGNED <u>7/13/50</u>		24. LOCATION (City, town, or county) (State) <u>Little Rock, Ark.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-17-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak-lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Little Rock, Ark.</u>	
DATE REC'D BY, LOCAL REG. <u>7-14-50</u>		REGISTRAR'S SIGNATURE <u>W B Sandley, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Lohmeyer</u>		ADDRESS <u>Springfield, Missouri</u>	

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.

Signed.....

Walter E. Hamaker

Signed.....

Student Embalmer

Licensed Embalmer No.

3808

P. O. Address.....

Springfield 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.