

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 24 1950

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6286 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>WRIGHT</b>	
b. CITY OR TOWN <b>RURAL WOOD TWP</b> (If outside corporate limits, write RURAL and give town) c. LENGTH OF STAY (in this place) <b>LIFE</b> (township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MANES, MISSOURI</b> <b>1140</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NW OF MTN GROVE, MISSOURI</b> (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMUEL</b> b. (Middle) <b>H.</b> c. (Last) <b>CANTRELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 30 1950</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT 17, 1876</b>
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	11. BIRTHPLACE (State or foreign country) <b>0</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>ANDERSON CANTRELL</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH THOMASEN</b>	14. NAME OF HUSBAND OR WIFE <b>ESSIE MILLER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give year or dates of service) <b>NONE</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CLIFTON CANTRELL EMBREE, MISSOURI</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, Chronic</b>			<b>Not known</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>			<b>not known</b>
DUE TO (c) <b>Endocarditis Aortic</b>			<b>Not known</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>45-21</b>
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) (m.)		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 _____, 19____, to _____, 19____, that I <del>had</del> saw the deceased alive on <b>June 29, 1950</b> , and that death occurred at <b>7:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Mt. Mansfield Grove Mo</b>	
23c. DATE SIGNED <b>6 July 1950</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 3, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MANES</b>		24d. LOCATION (City, town, or county) (State) <b>MANES, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>7-12-50</b>		REGISTRAR'S SIGNATURE <b>A.B. Ames</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Russell Barber, Mtn Grove Mo</b>	

JUL 18 1950  
WRIGHT CO. HEALTH DEPT.  
County File Number 250-9  
Date Filed July 23 1950

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 *Russell Barber*

Licensed Embalmer No. *3848*

P. O. Address *Mtn. Grove, Ill.*

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.