No. 300
10-48
362

FILED FEB 20 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 4337

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 17

**1. PLACE OF DEATH**
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (in this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 505 North Everett St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
N352
d. STREET ADDRESS (If rural, give location): 505 North Everett Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Rollo
b. (Middle): Ross
c. (Last): Cannon

**4. DATE OF DEATH** (Month) Feb. (Day) 9 (Year) 1951

**5. SEX**: male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: Jan. 4, 1883
**9. AGE** (In years last birthday): 68 — 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): Electrician
**10b. KIND OF BUSINESS OR INDUSTRY**: Electric
**11. BIRTHPLACE** (State or foreign country): Ohio
**12. CITIZEN OF WHAT COUNTRY?**: U. S. A

**13a. FATHER'S NAME**: Richard E. Cannon
**13b. MOTHER'S MAIDEN NAME**: Olive Dill
**14. NAME OF HUSBAND OR WIFE**: Celia Cannon

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 489-18-4756
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. Celia Cannon, Kennett, Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypersive Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 4201

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Walter C. Hawkins Coroner
**23b. ADDRESS**: Kennett, Mo
**23c. DATE SIGNED**: 2-13-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb. 11, 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Ridge Cemetery
**24d. LOCATION** (City, town, or county) (State): Kennett, Missouri

**DATE REC'D BY LOCAL REG.**: 2-13-1951
**REGISTRAR'S SIGNATURE**: Carl T. Husband 90
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Paul Salmon Kennett, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-13-51

COUNTY FILE NUMBER 251-42

FEB 27 1951

APR 18 1956

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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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed G Salmon

Signed _____
Student Embalmer

Licensed Embalmer No. 2556-

P. O. Address Kennett, Mo-

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.