

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4347**

BIRTH NO. _____		REG. DIST. NO. <u>105</u>		PRIMARY REG. DIST. NO. <u>4177</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>		0350			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homa-city</u>				d. STREET ADDRESS (If rural, give location) <u>city</u>					
3. NAME OF DECEASED (Type or Print) <u>Cassie</u>			a. (First)		b. (Middle) <u>Mae</u>		c. (Last) <u>Cantrell</u>		
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>8</u>		(Year) <u>1951</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>Nov. 9, 1912</u>			
9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Loda McCarver</u>			13b. MOTHER'S MAIDEN NAME <u>Gussie Collins</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Flossie Pinnion - Malden Mo.</u>				ADDRESS <u>Malden 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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						153X	
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						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) 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 <u>11-1, 1950</u> , to <u>2-8, 1951</u> , that I last saw the deceased alive on <u>2-1, 1951</u> , and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. Hopkins, MD</u>				(Degree or title)		23b. ADDRESS <u>Ridgely, Mo</u>		23c. DATE SIGNED <u>2-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 9, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo. R.1</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 14-51</u>		REGISTRAR'S SIGNATURE <u>Marguerite George</u>		440		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wandless Funeral Home</u>		ADDRESS <u>Campbell Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-16-51

COUNTY FILE NUMBER 251-44

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 Christina M. Lander

Licensed Embalmer No. 4227

P. O. Address Campbell

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.