S. No. 300
Rev. 10.48

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44330

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6263 Registrar's No. 9

1120 3

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Finley Twn.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: WEBSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 1120
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): ELI NEWTON
b. (Middle):
c. (Last): CANTRELL

4. DATE OF DEATH (Month) (Day) (Year): 7-5-51

5. SEX: M. 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: NOV. 6, 1922
9. AGE (In years last birthday): 28 — 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): LABOR
10b. KIND OF BUSINESS OR INDUSTRY: LABOR
11. BIRTHPLACE (State or foreign country): WEBSTER CO. MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ROBERT CANTRELL
13b. MOTHER'S MAIDEN NAME: SALLY WILLIS
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: ROBERT CANTRELL
ADDRESS: SEYMOUR 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) Skull Fracture
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Being struck By car
DUE TO (c) While Walking on Highway
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 60 ½ M. East Seymour MO

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E 8124-25
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / ~~SUICIDE~~ / HOMICIDE (Specify): Struck By Car
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 60
21c. (CITY, TOWN, OR TOWNSHIP) 112 **(COUNTY)** Webster Co **(STATE)** MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-5-51 8 P. m.,
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Struck By Car While Walking on Highway 60

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* 8 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: H H Kelley **(Degree or title)**: Coroner
23b. ADDRESS: Fordland MO
23c. DATE SIGNED: 3-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 7-8-51
24c. NAME OF CEMETERY OR CREMATORY: Liberty
24d. LOCATION (City, town, or county) (State): WEBSTER CO. MO.

DATE REC'D BY LOCAL REG.: 3-17-52
REGISTRAR'S SIGNATURE: Gilbert Jones 343
25. FUNERAL DIRECTOR'S SIGNATURE: Kelly Ferrell Bergman
ADDRESS: Seymour MO

(Licensed Embalmer's Statement on Reverse Side)

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

3 0

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 K K Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.