

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7140**

FILED MAR 10 1952

13

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>			
b. CITY OR TOWN <u>MCN GRAVE, Mo.</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Montgomery Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CONNOR MEMORIAL HOSP.</u>			d. STREET ADDRESS (If rural, give location) <u>1140</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>L.</u> c. (Last) <u>CANTRELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 22 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>SEP 17, 1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Deer Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Ruffell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Whitmore</u>	14. NAME OF HUSBAND OR WIFE <u>Gess Cantrell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Gess Cantrell</u> ADDRESS <u>Rayburn, 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>Feb 7-1952</u> <u>Not known</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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)		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>2-7-</u> , 19 <u>52</u> , to <u>2-22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-22-</u> , 19 <u>52</u> , and that death occurred at <u>3:00pm.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>W. Cannon</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>2-22-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Manes</u>		
24d. LOCATION (City, town, or county) (State) <u>Manes Mo.</u>		DATE REC'D BY LOCAL REG. <u>2-26-52</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u> ADDRESS <u>348-0</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>Grable-Windle</u>		ADDRESS <u>mtv. Mo.</u>				

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

1140
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WRIGHT CO. HEALTH DEPT.
County File Number 322-22
Date Filed 3-8-82

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Wata Gears, 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.