

No. 300
10-48

MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10814

State File No.

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 2002 Registrar's No. 677

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give town) UNIVERSITY CITY		c. LENGTH OF STAY (In this place) 3 1/2 years	c. CITY (If outside corporate limits, write RURAL and give township) University City 5, 4376
d. FULL NAME OF HOSPITAL OR INSTITUTION 7575 STANFORD AVE;		d. STREET ADDRESS (If rural, give location) 7575 Stanford Avenue, 0	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) HARDIN	c. (Last) CANNON.	4. DATE OF DEATH (Month) (Day) (Year) MARCH 13, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug 1, 1862.	9. AGE (In years last birthday) 89.	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pike County, Illinois.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John L. Cannon.	13b. MOTHER'S MAIDEN NAME Margaret Almira Goodin.	14. NAME OF HUSBAND OR WIFE Clara Belle Cannon.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no.	17. INFORMANT'S SIGNATURE OR NAME Mrs Cleo Milligan,	ADDRESS 7575 Stanford Ave.,
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c)
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema		4x00	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12 Oct 1949, to 13 Mar, 1952, that I last saw the deceased alive on 11 Mar, 1952, and that death occurred at 9 PM, from the causes and on the date stated above.

23a. SIGNATURE Paul Keenan M.D. (Degree or title)	23b. ADDRESS 457 N. Kingshighway St. Louis 8, Mo.	23c. DATE SIGNED 13 Mar 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/25/52.	24c. NAME OF CEMETERY OR CREMATORY Goodin Cemetery,	24d. LOCATION (City, town, or county) (State) Pittsfield, Illinois.
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DATE REC'D BY LOCAL REG. 3/13/52	REGISTRAR'S SIGNATURE Robert P. Donkey	25. FUNERAL DIRECTOR'S SIGNATURE G.R. Lupton & Sons,	ADDRESS 7233 Delmar Blvd.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 7 1969

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 Melvin L. Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. 4052

P. O. Address St. Louis, 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.