

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4287

25529

State File No. _____

FILED AUG 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>179</u>	PRIMARY REG. DIST. NO. <u>5667</u>	Registrar's No. <u>41</u>
1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>LINCOLN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>TROY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TROY</u> <u>0570</u>		
c. LENGTH OF STAY (in this place) <u>25415</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TROY</u>				

3. NAME OF DECEASED (Type or Print) a. (First) <u>HAROLD</u> b. (Middle) _____ c. (Last) <u>CANNON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>aug 6 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec 19-1901</u>	9. AGE (In years last birthday) <u>51</u> <u>7</u> <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>oil Business</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>

13a. FATHER'S NAME <u>BENJAMIN CANNON</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Roach</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIAN CANNON</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>LILLIAN CANNON</u> ADDRESS _____	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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) _____ 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>5 hrs -</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</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 _____, 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 <u>J. C. Cresswell</u> (Degree or title)		23b. ADDRESS <u>Troy Mo</u>		23c. DATE SIGNED <u>Aug 8/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>aug 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TROY CEMETERY</u>	
		24d. LOCATION (City, town, or county) <u>TROY</u>		(State) <u>MO</u>	

DATE REC'D BY LOCAL REG. <u>8-8-53</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u> ADDRESS <u>Troy Mo</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Joseph J. Marsh
.....
Licensed Embalmer No. *3932*

Signed.....
Student Embalmer

P. O. Address *Roy, Missouri*

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.