

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27121
State File No.

3513
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3513</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 40 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1231 West 75th				e. STREET ADDRESS (If rural, give location) 1231 West 75th 29280			
3. NAME OF DECEASED (Type or Print) a. (First) HOWARD		b. (Middle) M.		c. (Last) CANTWELL		4. DATE OF DEATH (Month) (Day) (Year) July 18, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 12, 1892	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days 		IF UNDER 2 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optometrist				10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and State or Foreign Country) Sterling, Kansas /	
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13a. FATHER'S NAME Marion Cantwell		13b. MOTHER'S MAIDEN NAME Cora Brewer	
14. NAME OF HUSBAND OR WIFE Flora H. Cantwell				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-10-6144	
17. INFORMANT'S SIGNATURE OR NAME Howard M. Cantwell Jr.				ADDRESS Dallas, Texas			
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							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS						INTERVAL BETWEEN ONSET AND DEATH 3 HRS.	
ANTECEDENT CAUSES DUE TO (b) CORONARY SCLEROSIS						2 YRS.	
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS						10 YRS.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HIGH BLOOD URIC ACID (GOUT)						UNKNOWN	
19a. DATE OF OPERATION 		19b. MAJOR FINDINGS OF OPERATION 					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 		21b. PLACE OF INJURY (Is 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 checked="" 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>7/14</u> , 19 <u>54</u> , to <u>7/18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/16</u> , 19 <u>54</u> , and that death occurred at <u>8 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE George K. Landis, M.D. (Degree or title)				23b. ADDRESS 1630 Prof. Bldg.		23c. DATE SIGNED 7/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-21-54		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 7-20-54		REGISTRAR'S SIGNATURE Heraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary		ADDRESS Kansas City, Mo.	

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

H. Daniels
1630 Prop Bldg.

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.....
Signature of Student Embalmer

Signed *Walter H. Erwin*

Licensed Embalmer No. *435*

P. O. Address *K. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.