

FILED APR 6 - 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 59

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 year</u>		e. STREET ADDRESS (If rural, give location) <u>906 Depot St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>None 906 Depot St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>	b. (Middle) <u>Cagle</u>	c. (Last) <u>Cannon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 16, 1885</u>	9. AGE (In years) (last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Jim Duty</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Bask</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Cannon</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Cagle</u>	ADDRESS <u>Kennett, Mo.</u>
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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 <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u>		Interval between onset and death
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Retroposterior adenoc.</u>		
DUE TO (c) <u>Malnutrition</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>15-8X</u>	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? <u>10-3-55</u>
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22. I hereby certify that I attended the deceased from Mar 25, 1956 to Mar 25, 1956, that I last saw the deceased alive on Mar 25, 1956, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James Gussell</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>3-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 27, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Paragould Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>3-31-1956</u>	REGISTRAR'S SIGNATURE <u>Carl H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Irby Funeral Home</u>	ADDRESS <u>Rector, Arkansas</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-2-56
COUNTY FILE NUMBER 456

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 _____
Paul E. Smith

Licensed Embalmer No. _____
P. O. Address _____
Section 1

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.