

FILED JUL 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 21740
State File No.

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

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Elsberry</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LaDell Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>0578 South 3rd Street</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nellie</u>	b. (Middle) <u>Rebecca</u>	c. (Last) <u>Cannon</u>
4. DATE OF DEATH (Month) (Day) (Year)	<u>June 18, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify if Widowed)	8. DATE OF BIRTH (Month) (Day) (Year)
<u>housewife</u>		<u>Widowed</u>	<u>Sept. 9, 1877</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR (Months) (Days)	IF UNDER 4 HRS. (Hours) (Min.)	
<u>79</u>	<u>7</u>	<u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
<u>housewife</u>	<u>none</u>	<u>Lincoln County, Missouri</u>	<u>U.S.A.</u>
13a. FATHER'S NAME <u>William Wallace Knox</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Dodson</u>	14. NAME OF HUSBAND OR WIFE <u>Tom Ben Cannon (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Woodrow Knox Foley, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral Apoplexy</u>	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		4222	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> 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) (Min.)	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>Sept 9, 1956</u> , to <u>June 18, 1957</u> , that I last saw the deceased alive on <u>June 18, 1957</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>DO</u>	23b. ADDRESS <u>Elsberry Mo</u>	23c. DATE SIGNED <u>6-18-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 20, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elsberry City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Elsberry, Lincoln, Mo.</u>
DATE REC'D BY LOCAL REG. <u>7/9/57</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Elsberry Mo</u>	

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 June 18 1957, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifton Miller
Licensed Embalmer No. 330

P. O. Address Elshom, Va

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.