

Health,
& Welfare
Public
Service

S. 300
v. 1-56

securing the medical certification in the specific manner required by 193.140 MoKS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 15

43604
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Poplar Bluff</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Model Hotel</u>			Length of stay in lb <u>2 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>S. 5th. St.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Horace Blair Cannon</u>				4. DATE OF DEATH <u>12-18-1957</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>1-6-1895</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Attawa, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Joseph Cannon</u>				14. MOTHER'S MAIDEN NAME <u>Mary Blair</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT <u>Mrs. Florence Whittington. Amarillo, Texas</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE- (a) <u>Coronary Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUPLICATE TO (b) <u>Arteriosclerosis</u>							<u>Years</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>						
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Poplar Bluff, Mo.</u>				COUNTY <u>Butler</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>10:10 am</u> to <u> </u> and last saw her alive on <u> </u> Death occurred at <u> </u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Edward J. Clingman</u>				22b. ADDRESS <u>POPLAR BLUFF, MISSOURI</u>			22c. DATE SIGNED <u>12/21/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12-21-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Garnett, Kansas</u>			23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR <u>Greer Croy & Fitch, Poplar Bluff, Mo.</u>				25. DATE RECD. LOCAL REG. <u>12/21/57</u>		26. REGISTRAR'S SIGNATURE <u> </u>			

RECEIVED

JAN 3 1958

BUTLER CO. HEALTH CENTER

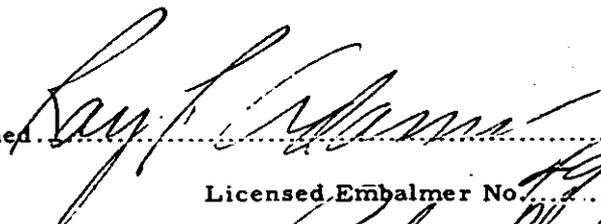
FILE No. _____

JAN 2 1958
FEB 3 1958

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  _____
Licensed Embalmer No. _____

P. O. Address _____

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.