

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028479
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 417

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 115 N. Park Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cape Gir.
c. CITY OR TOWN Jackson Inside Limits Yes No
d. STREET ADDRESS 115 Park (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Florence Cannon
4. DATE OF DEATH Month Day Year
August 3, 1958

5. SEX Fe 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Aug. 26, 1879
WIDOWED 0 DIVORCED 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 MRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Near Jackson 0 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Theodore Cannon 13b. MOTHER'S MAIDEN NAME Laura Spears 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Mrs. Hunter Henderson Jackson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction, recurrent
DUE TO (b) Hypertensive arteriosclerotic
DUE TO (c) Cardiovascular Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Numerous retinal hemorrhages 4201
INTERVAL BETWEEN ONSET AND DEATH 2 or 3 hrs.

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 28 May 1948 to 3 Aug 1958 and last saw her alive on 1 Aug 1958
Death occurred at about 4:30 a.m. on the day stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. H. Trolinger, M.D. 22b. ADDRESS JACKSON, MISSOURI 22c. DATE SIGNED 8/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 5, 1958 23c. NAME OF CEMETERY OR CREMATORY City Cemetery 23d. LOCATION (City, town, or county) (State) Jackson, Mo.

24. FUNERAL DIRECTOR ADDRESS G.C. Cracraft Jackson, Mo. 25. DATE RECD. BY LOCAL REG. Aug 15, 1958 26. REGISTRAR'S SIGNATURE Mr. Homer Cooper

S. 300
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

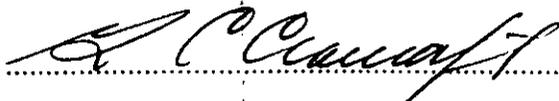
MEDICAL CERTIFICATION

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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. 4327

P. O. Address Jackson, Mo.

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.