

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004470

STATE FILE NUMBER

Health, Welfare, Public Service

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Physician, coroner, etc. must use only standard nomenclature of terms. All diseases in Part I must be causally related.

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY Boone

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pemiscott

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Inside Limits Yes No

c. CITY OR TOWN Portageville Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR UNIVERSITY OF MO. INSTITUTION Medical Center Length of stay in lb 40 days

d. STREET ADDRESS (If outside, give location) Rt # 2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lotis Middle Ray Last Cantrell

4. DATE OF DEATH Month 3 Day 8 Year 59

5. SEX MALE 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH 6-26-02 9. AGE (In years last birthday) 56 10. FUNDER 1 YEAR Months 5 Days 6 11. IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Marion Co. Ala. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Perry Cantrell 13b. MOTHER'S MAIDEN NAME Kate Humphrey 14. NAME OF HUSBAND OR WIFE Elsie Mae Cantrell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 492-10-1052 17. INFORMANT University of Mo. Medical Records Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia of left lung INTERVAL BETWEEN ONSET AND DEATH 48 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
DUE TO (c) _____ 1621

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Post-op Rt. Pneumonectomy for Broncho Carcinoma - Cardiac Arrest.

19. WAS AUTOPSY PERFORMED? YES NO

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 WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION Columbia, Mo. COUNTY STATE

21. I attended the deceased from JAN 27, 1959 to MARCH 8, 1959 and last saw ^{her} alive on MARCH 8, 1959
Death occurred at 11:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John H. Landor, M.D. 22b. ADDRESS 807 Stadium Road 22c. DATE SIGNED 3-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) 3-9-59 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Hart's 23d. LOCATION (City, town, or country) (State) Mo.

24. FUNERAL DIRECTOR Parsons Funeral Service ADDRESS 1026 Walnut Columbia 25. DATE RECD. BY LOCAL REG. Mar 9 1959 26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1959

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 *George A. Kelly*

Licensed Embalmer No. *4752*
P. O. Address *Columbia*

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.