

Registration District No. 373 Primary Registration District No. _____ Registrar's No. 4575 STATE FILE NUMBER 35

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARSHFIELD</u>		c. CITY OR TOWN <u>MARSHFIELD</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <u>MARIE</u> Middle <u>S.</u> Last <u>CANTRELL</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>9</u> Year <u>1959</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-15-1903</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____
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 country) <u>MISSOURI</u>	
13a. FATHER'S NAME <u>MANSON BENNETT</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY ARMSTRONG</u>		14. NAME OF HUSBAND OR WIFE _____	

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. _____		17. INFORMANT <u>PAULINE HENDERSON NIANJUA MO</u> Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>ACUTE CIRCULATORY FAILURE</u>					
DUE TO (b) <u>CORONARY THROMBOSIS</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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		COUNTY _____	STATE _____

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at About 9:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <u>Dual Edward Caroner</u>		22b. ADDRESS <u>Marshfield MO</u>		22c. DATE SIGNED <u>7/10/59</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-12-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY</u>	23d. LOCATION (City, town, or county) <u>WEBSTER CO MO</u>	
24. FUNERAL DIRECTOR <u>BARBER-EDWARDS MARSHFIELD</u>		25. DATE RECD. BY LOCAL REG. <u>7-13-59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FORM 21 (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

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *R. W. Barber*

Licensed Embalmer No. 384

P. O. Address *Wm. Stone*

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.