URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-011687

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 45

ENDED

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy — Length of stay in 1b 6 MO.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 850 Boone St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN Winfield — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 3 MI. West Of Winfield MO. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ELSIE Middle ELIZABETH Last CANNON

4. DATE OF DEATH Month Day Year March 18,1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept.2,1883
9. AGE (last birthday) 76 — IF UNDER 1 YEAR Months 8 Days 18 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (City and state or country) Winfield MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John T Elston
13b. MOTHER'S MAIDEN NAME Edmonia Admire
14. NAME OF HUSBAND OR WIFE Floyd Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-44-2761 ~~None~~
17. INFORMANT Floyd Cannon Address Winfield MO.

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) Cerebral Vascular accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Auricular Fibrillation
DUE TO (c) Arterio Sclerosis.

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. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
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 Jan. 2/60, to March 18 1960 and last saw her/him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J Lelesech MD
22b. ADDRESS Troy mo.
22c. DATE SIGNED 3/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 20,1960
23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery
23d. LOCATION (City, town, or county) (State) Lincoln County MO.

24. FUNERAL DIRECTOR ADDRESS D.W. McCoy Troy Mo.
25. DATE RECD. BY LOCAL REG. 3-22-1960
26. REGISTRAR'S SIGNATURE Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

AUG 23 1960

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_____ Signed D. W. McCoy

Signature of Student Embalmer

Licensed Embalmer No. 358

P. O. Address Troy N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.