

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038570

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 220

FILED SEP 24 1963

VS 300
Rev. 4/59

1 007
2 1007
3
4 0
5 2
6
7 1
8 2
9 X
10
11 072
12 1-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) SIKESTON		Length of stay in lb 8 days	c. CITY OR TOWN SIKESTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 203 DANIEL
3. NAME OF DECEASED (Type or print) First ROBERT Middle LEE Last CANTWELL			4. DATE OF DEATH Month 9 Day 15 Year 63
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/21/88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (last birthday) 74
11. BIRTHPLACE (City and state or country) Middlebrook, Ark.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME General Cantwell		13b. MOTHER'S MAIDEN NAME Emma Mahan	
14. NAME OF HUSBAND OR WIFE Cordia Cook Cantwell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	
16. SOCIAL SECURITY NO.		17. INFORMANT Richard Cantwell, E. Prairie, 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) Hypostatic and aspiration pneumonia Conditions, if any, which gave rise to above cause (b) associated with Renal shut down {lower nephron nephrosis} stating the underlying cause last. DUE TO (c) Automobile accident			INTERVAL BETWEEN ONSET AND DEATH 12 hrs 4 days 8 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Liver damage Crush injury to right hemithorax			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) It is stated that a 2nd car skidded out of control into path of deceased car	
20c. TIME OF INJURY about 1:00 p.m.	Month, Day, Year 9-7-63	20f. CITY, TOWN, OR LOCATION South of Kewanee New Madrid, Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) going So. on US 61	
21. I attended the deceased from 10:30 P. to 9-15-63 and last saw him alive on 9-15-63 Death occurred at 10:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John P. Sargent, M.D.		22b. ADDRESS 808 East Wakefield Sikeston, Missouri	22c. DATE SIGNED 9-17-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-17-63	23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery	23d. LOCATION (City, town, or county) (State) East Prairie, Missouri
24. FUNERAL DIRECTOR McMikle, East Prairie, Missouri		25. DATE RECD. BY LOCAL REG. Sept 20, 1963	26. REGISTRAR'S SIGNATURE <i>Jessie Waldman</i>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 25 1963

OCT 14 1963

OCT 16 1963

no permit

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 Bruce R. Huston

Licensed Embalmer No. 5149

P. O. Address Charleston, 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.