

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043821
6351 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

FILED DEC 10 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED	INSTEAD OF	DOCUMENT
Rev. 4/59				
1				
2 <u>8150</u>				
3				
4 <u>0</u>				
5 <u>1</u>				
6				
7 <u>1</u>				
8 <u>1</u>				
9 <u>331X</u>				
10				
11				
12 <u>67-0</u>				
13				
	SHOULD READ			
	BY AFFIDAVIT OF			

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>Wamego, Kansas</u>	
Length of stay in 1b <u>6 WEEKS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARYS</u>		d. STREET ADDRESS (If outside, give location) <u>710 Locust Street</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mr. JOSEPH CANTWELL</u> Middle <u>JAMES</u> Last _____			4. DATE OF DEATH Month <u>November</u> Day <u>21</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-8-1906</u>
9. AGE (last birthday) <u>57</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CRANE operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>
11. BIRTHPLACE (City and state or country) <u>BLAINE KANSAS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>JAMES F. CANTWELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET WALSH</u>	
14. NAME OF HUSBAND OR WIFE <u>DORA</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>DORA CANTWELL</u> Address <u>WAMEGO, KS.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1-2 WKS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hemorrhage henticulostriate Artery</u>			<u>6 WKS</u>
DUE TO (c) _____			
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>12 OCT 1963</u> to <u>21 NOV 1963</u> and last saw him alive on <u>19 NOV 1963</u> Death occurred at <u>about 6 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul J. Centner M.D.</u>		22b. ADDRESS <u>2727 MAIN K.C. MO.</u>	
22c. DATE SIGNED <u>22 NOV 63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>11/25/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. BERARD CEM</u>	
23d. LOCATION (City, town, or county) (State) <u>WAMEGO KANS</u>			
24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>11-22-63</u>	
ADDRESS <u>Linwood & WOODLAND</u>		26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Paul J. Centner
2727 Main
after 11:30 FRIDAY

1964 FEB 11

FEB 11 1964

MAR 31 1964

DEC 11 1963

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 Jama E. Hackleman

Licensed Embalmer No. 4573

P. O. Address HC 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.