

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

3820

BIRTH NO. <u>FILED FEB 8 1954</u> REG. DIST. NO. <u>379</u> PRIMARY REG. DIST. NO. <u>4553</u> Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT CO 1140</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Massena Twp</u>	
c. LENGTH OF STAY (In this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>WRIGHT</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL WTD</u>	
d. STREET ADDRESS (If rural, give location) <u>Manassah Mo 3 1140</u>	
3. NAME OF DECEASED a. (First) <u>HASE</u> b. (Middle) <u>CANTRELL</u> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>1-16-1954</u>	
5. SEX <u>M</u> 6. COLOR OR RACE <u>W.</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> 8. DATE OF BIRTH <u>9-15-1878</u>	
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>WRIGHT CO MO</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM ALFORD</u> 13b. MOTHER'S MAIDEN NAME <u>MARGY KELLY</u> 14. NAME OF HUSBAND OR WIFE <u>J. H.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give no. or dates of service) <u>No</u> 16. SOCIAL SECURITY NO. <u>No</u> 17. INFORMANT'S SIGNATURE OR NAME <u>St. Clair Cantrell</u> ADDRESS <u>Manassah Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> (b) <u>Cerebral Hemorrhage</u> (c) <u>Chronic nephritis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Chronic nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>592X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 10 1943</u> to <u>1-16 1954</u> , that I last saw the deceased alive on <u>1-14 1954</u> , and that death occurred at <u>12:04 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. H. Cantrell M.D.</u> 23b. ADDRESS <u>Hartsville Mo</u> 23c. DATE SIGNED <u>1-20-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>1-18-54</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Prospect</u> 24d. LOCATION (City, town, or county) (State) <u>Wright Co MO</u>	
DATE REC'D BY LOCAL REG. <u>1-2-54</u> REGISTRAR'S SIGNATURE <u>St. Clair Cantrell</u> 38400 FUNERAL DIRECTOR'S SIGNATURE <u>Rafel Bergman</u> ADDRESS <u>Manassah Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 3 1954  
WRIGHT CO. HEALTH DEPT.  
County File Number 254-27  
Date Filed 2-6-54

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 .....  
Student Embalmer

Signed

*Don Ferrell*

Licensed Embalmer No. 4847

P. O. Address *Windsor, Mo*

Notes: 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 this body is not embalmed, fact should be so stated above.