

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015037

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 304.6 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u>		c. CITY OR TOWN <u>California</u> <u>0681</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LATHAM HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>0681</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SAMUEL LEE CANTLEY</u>		4. DATE OF DEATH Month Day Year <u>April 20 1958</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>April 22 - 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no.</u>	9. AGE (in years last birthday) <u>63</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>28</u> IF UNDER 24 HRS.: Hours <u>11</u> Min. <u>28</u>
11a. FATHER'S NAME <u>Wm Joseph Cantly</u>		11b. MOTHER'S MAIDEN NAME <u>Eliza Johnson</u>	11c. NAME OF HUSBAND OR WIFE <u>Minnie Tsenburg Cantley</u>
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. <u>No</u>	17. INFORMANT <u>Charles Cantley</u> Address <u>Oensville - Mo</u>
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Hypertension with myocardial degeneration</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4221</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>2 + years</u>
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>California, Moniteau Mo</u>	
21. I attended the deceased from <u>12-17-56</u> to <u>4-20-58</u> and last saw him alive on <u>4-20-58</u> Death occurred at <u>5pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R.B. Fisher, M.D.</u>		22b. ADDRESS <u>California, Mo</u>	22c. DATE SIGNED <u>4-21-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-22-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>California Missouri</u>
24. FUNERAL DIRECTOR <u>Hugh E. Williams</u>		25. DATE RECD. BY LOCAL REG. <u>4/24/1958</u>	26. REGISTRAR'S SIGNATURE <u>Helen L. Papay</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

506

MAY 15 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 me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California 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.