

FILED FEB 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4178
Registrar's No. 46

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

14
2

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hutton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos # 1 2</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u> b. (Middle) <u>CANTLON</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 12 1949</u>		
5. SEX <u>MD</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>4-7-1880</u>	9. AGE (In years last birthday) <u>68</u>	10. IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Clarksburg Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>Jerry Cantlon</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Marrie Cantlon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>dk</u>		16. SOCIAL SECURITY NO. <u>dk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hos. Records Hutton 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>+</u> DUE TO (c) <u>5/22/49</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinson's disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) m.	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 12/12, 1948, to 2/12, 1949, that I last saw the deceased alive on 2/12, 1949, and that death occurred at 7:39 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Caldwell M.D.</u>	23b. ADDRESS <u>State Hos. Hutton Mo</u>	23c. DATE SIGNED <u>2-12-49</u>
24a. BURIAL CREMATORY (Specify)	24b. DATE <u>Feb 14 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksburg Masonic Cem</u>
		24d. LOCATION (City, town, or county) (State) <u>Clarksburg Mo</u>

DATE REC'D BY LOCAL REG. <u>Feb 12 - 1949</u>	REGISTRAR'S SIGNATURE <u>Jesse M. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>E. Richard ...</u>	ADDRESS <u>710</u>
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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 23 1949

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.

Signed _____
Student Embalmer

Signed

James E. Richard

Licensed Embalmer No. *2466*

P. O. Address. *Lipton 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 this body is not embalmed, fact should be so stated above.