

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

REGISTERED DISTRICT NO. **234**
FILED 003 65

Primary Registration District No. **3046**

Registrar's No. **0816422**

STATE FILE NUMBER **0816422**

VS 300
 Rev. 4/59

1 **0681**

2 **0680**

3

4 **1**

5 **0**

6

7 **0**

8 **10**

9 **2.00**

10

11

12 **1-0**

13 **1-0**

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 Moniteau		2. USUAL RESIDENCE (When deceased lived. If institution: Residence before admission) e. STATE Missouri f. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California		Length of stay in 1b One day	c. CITY OR TOWN Clarksburg Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Latham Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) No street numbers Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Scythia Middle Cantlon Last Cantlon			4. DATE OF DEATH Month April Day 21st Year 1965
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/7/1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
13a. FATHER'S NAME Jeremiah Cantlon		13b. MOTHER'S MAIDEN NAME Margaret Ann Williams	11. BIRTHPLACE (City and state or country) Clarksburg, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. None 17. INFORMANT Jerry Cantlon (Brother) Liberty, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) --- 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 1 day 10+ years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) California, Montean Mo		20f. CITY, TOWN, OR LOCATION COUNTY STATE California, Montean Mo	
21. I attended the deceased from 6-5-59 to 4-21-65 and last saw her/him alive on 4-21-65 . Death occurred at 5:45 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.B. Fulke M.D.		22b. ADDRESS California, Mo	22c. DATE SIGNED 4-22-65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 24, 1965	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
24. FUNERAL DIRECTOR Jewell E. Richards		23d. LOCATION (City, town, or county) (State) Clarksburg, Missouri	25. DATE RECD. BY LOCAL REG. 4-26-65
26. REGISTRAR'S SIGNATURE Helene S. Poppey			

USE BLACK INK OR TYPEWRITER RIBBON

MAY 20 1985

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

Jameel E Richards

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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