

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25869  
Do not use this space.

1. PLACE OF DEATH

(a) County Macou Registration District No. 526  
 (b) Township Independance Primary Registration District No. 5701  
 (c) City Atlanta Mo (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oscar Antry 960

(a) Residence, No. Macou Co Mo St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-10-1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY That I attended deceased from Aug-10-1938 to Aug-10-1938

I last saw him alive on Aug-10-1938 Death is said to have occurred on the date stated above, at 4:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-28-1889  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
48 8 12

Coronary thrombosis

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
Hypertension - Mitral Valve Regurgitation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macou Co Mo.

FATHER 13. NAME Bro. W. Antry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Emma Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macou Co Mo

17. INFORMANT (ADDRESS) Mrs Emma Antry Atlanta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Callao Mo DATE Aug 12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Embroidery Atlanta Mo

20. FILED Aug 15 1938 Irish McNeely Local Registrar

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chromic Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_ (Signed) A. P. ... M. D.  
 (Address) Atlanta Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

*H. M. Goodding* or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

*H. M. Goodding*

Licensed Embalmer No. *17509*

P. O. Address

*Atlanta 7*

**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, above space should be left blank.**