

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **25390**
Registrar's No. **83**FILED SEP 13 1948
Registration District No. **4024**Primary Registration District No. **4024**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Cassville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Purves Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3: (a) PRINT FULL NAME **Alfonso C. Antle**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 8, 1875**
(Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **29** If less than one day hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Retired farmer**

11. Industry or business

12. Name **William Antle**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Clark**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wayne Antle**
(b) Address **Tulsa, Oklahoma**17. (a) **Burial** (b) Date thereof **6-8-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Maplewood Cemetery**18. (a) Signature of funeral director **Calver Funeral Home**(b) Address **Cassville, Missouri**19. (a) **Sept 4 - 1948** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Exeter**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**
year **1948** hour **7** minute **A** M.

21. I hereby certify that I attended the deceased from **June 7, 1948** to **June 7, 1948**
that I last saw him alive on **June 7, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **10 days**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **10.6**

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury **2 Do**23. Signature **Grace Williams** (M. D. or other) **Do**Address **Cassville, Mo** Date signed _____

6-8-48

RECEIVED
District Health Officer No. 6;
District File Number 948-1010
Date Filed SEP 10 1948

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

Glen D. Williams, Registered Apprentice No. 13
working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.