

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH2134  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5936</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>			
b. CITY OR TOWN <u>RURAL SMITHTON</u>		c. LENGTH OF STAY (In this place) <u>10 DAYS</u>		c. CITY OR TOWN <u>SYRACUSE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) <u>HARRISON</u>		c. (Last) <u>ANTHONY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>26</u> <u>49</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>7-5-1869</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>OTTERVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>NATIVE</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>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>OTTERVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>NATIVE</u>	
13a. FATHER'S NAME <u>JAMES-PENN-ANTHONY</u>		13b. MOTHER'S MAIDEN NAME <u>BENTIPHINE-VANCE</u>		14. NAME OF HUSBAND OR WIFE <u>MARY-JANE-ANTHONY (DECEASED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Anthony Syracuse Mo</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis heart failure</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> 4-2-27 DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE, HOMICIDE (Specify) <u>None</u>		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) <u>2:30 PM</u>		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 <u>Aug 7</u> , 19 <u>47</u> , to <u>Jan</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>25 Jan</u> , 19 <u>49</u> , and that death occurred at <u>9:50 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Seigel M.D.</u> (Degree or title)				23b. ADDRESS <u>Smithton, MO</u>		23c. DATE SIGNED <u>1/28/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SYRACUSE-CEM</u>		24d. LOCATION (City, town, or county) (State) <u>SYRACUSE MO</u>	
DATE REC'D BY LOCAL REG. <u>1-29-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richards</u> ADDRESS <u>Jipton, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-11-49

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 \_\_\_\_\_

James M. Daley

Student Embalmer No. 219

working under my personal supervision.

Student James M. Daley

Student Embalmer

Signed

James E. Richards

Licensed Embalmer No. 2466

P. O. Address

Sipton, 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.