

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7929**

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett c. LENGTH OF STAY (In this place) 45 yrs				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett, Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION Presnell Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Josie		b. (Middle) Curry		c. (Last) Anthony	
						4. DATE OF DEATH (Month) (Day) (Year) April 2-49	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 12, 1894	
						9. AGE (In years last birthday) 54	
						10. IF UNDER 1 YEAR Days 6 Hours 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) inspector		10b. KIND OF BUSINESS OR INDUSTRY shirt factory		11. BIRTHPLACE (State or foreign country) Grand River Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN				13b. MOTHER'S MAIDEN NAME Mary Rachel Walker		14. NAME OF HUSBAND OR WIFE Claud Anthony-Husband	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X				16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Claud Anthony ADDRESS Kennett Mo.	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420				INTERVAL BETWEEN ONSET AND DEATH 2 days			
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) (Min.)		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 4-1 , 19 49 , to 4-2 , 19 49 , that I last saw the deceased alive on 4-2 , 19 49 , and that death occurred at 6:00 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L.R. Presnell, M.D.				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 4-9-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-4-49		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge cemetery		24d. LOCATION (City, town, or county) (State) Kennett, Mo.	
DATE REC'D BY LOCAL REG. 4-9-1949		REGISTRAR'S SIGNATURE Claud Husband		25. FUNERAL DIRECTOR'S SIGNATURE Lutz Sewer		ADDRESS Kennett, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 23 1950

RECEIVED

District Health Office No. 2

District File Number 449-48

Date Filed 4-14-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed

Eugene Lee Ford

Signed.....
Student Embalmer

Licensed Embalmer No. 4433

P. O. Address Kennett 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.