

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH29186
State File No. 174

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 174			
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place) 20 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia - Rural		4			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Audrain County Hospital				d. STREET ADDRESS (If rural, give location) North-West = 4 1/2 miles					
3. NAME OF DECEASED (Type or Print) a. (First) Balden		b. (Middle) H.		c. (Last) Antrim		4. DATE OF DEATH (Month) (Day) (Year) Sept. 30 - 1949			
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April - 13 - 1875			
9. AGE (In years, if under 1 year last birthday) 74		10. MONTHS 5		11. DAYS 17		12. HOURS 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Marion County, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Antrim		13b. MOTHER'S MAIDEN NAME Rachel Heaton		14. NAME OF HUSBAND OR WIFE Bertha Antrim					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Antrim, Centralia, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage - fatal ANTECEDENT CAUSES Right sided Hemiplegia Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Hypertension and Coronary Vascular Disease DUE TO (c) none. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mexico Mo. Audrain Mo.		21d. HOW DID INJURY OCCUR? None			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Sept 29, 1949, to Sept 30, 1949, that I last saw the deceased alive on Sept 30, 1949, and that death occurred at 3:46 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Harry J. O'Brien (Degree or title) M.D.		23b. ADDRESS 111 E. Morris - Mexico Mo.		23c. DATE SIGNED Oct 1 - 49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 2 - 1949		24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery		24d. LOCATION (City, town, or county) (State) Centralia, Missouri			
DATE REC'D BY LOCAL REG. Oct. 1 - 1949		REGISTRAR'S SIGNATURE Blanche Keelgo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lane G. Ballou, Centralia, Missouri					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 5 1949
District Health Officer
District File Number 10-49-171
Data Filed OCT 5 1949

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
Student Embalmer

Signed Paul G. Ballou

Licensed Embalmer No. 4206

P. O. Address Centralia, Missouri

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.