

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34790

State File No. _____

FILED NOV 14 1949

BIRTH NO. _____ **REG. DIST. NO.** 301 **PRIMARY REG. DIST. NO.** 6032 **Registrar's No.** 69

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <i>RIPLEY</i>	b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Doniphan</i>	a. STATE <i>Missouri</i>	b. COUNTY <i>Ripley</i>
c. LENGTH OF STAY (in this place) <i>3 years</i>	d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4 miles east of Doniphan</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Doniphan township</i>	d. STREET ADDRESS (If rural, give location) <i>4 miles east of Doniphan</i>
3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) <i>BURTON</i>	b. (Middle) <i>HENRY</i>	c. (Last) <i>ANTHONY</i>	(Month) (Day) (Year) <i>10-29-1949</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5-25-1873</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer - retired</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>farming</i>	9. AGE (In years last birthday) <i>76</i>	11. BIRTHPLACE (State or foreign country) <i>Nova Scotia N</i>
13a. FATHER'S NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Lulu Anthony</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>MRS. Floyd Davis</i>		18. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
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) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
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.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒	
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) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>J. E. Hillman MD (Coroner)</i>		23b. ADDRESS <i>Doniphan</i>	23c. DATE SIGNED <i>10-29-1949</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>10-31-1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Brewer-Karisko Fd Home</i>	24d. LOCATION (City, town, or county) (State) <i>Omaha, Neb.</i>
DATE REC'D BY LOCAL REG. <i>10-31-49</i>	REGISTRAR'S SIGNATURE <i>E. Johnston</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>L. W. Edwards - Doniphan Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11/10/49
District Health Officer No. 5,
District File Number 1149 ~~700~~
Date Filed 11/10/49

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 Carl B. Bird

Signed _____
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.