

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41973  
State File No. 41973

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>433</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>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>		b. COUNTY <u>PETTIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL EMMEMORIAL HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>215 EAST SALINE</u>			
3. NAME OF DECEASED (Type or Print) <u>MRS. ORA</u>		a. (First) <u>J</u>		b. (Middle) <u>ANTHONY</u>		c. (Last) <u>ANTHONY</u>	
4. DATE OF DEATH <u>Dec 11, 1949</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 2, 1880</u>		9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Moberly, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>G.O. Shoemaker</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Burrese</u>		14. NAME OF HUSBAND OR WIFE <u>Linzy L. Anthony</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lowell Amos, 403 W 5th Sedalia, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis unknown</u> DUE TO (c) <u>Chronic Nephritis</u>  II. OTHER SIGNIFICANT CONDITIONS? Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) <u>4200</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>1 Dec</u> , 19 <u>49</u> , to <u>11 Dec</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10 Dec</u> , 19 <u>49</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl D. Siegel, M.D.</u>				23b. ADDRESS <u>412 1/2 Ohio Ave. Sedalia, Mo.</u>		23c. DATE SIGNED <u>11 Dec 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 13, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/13/49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DW Deekart</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

80  
6  
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RECEIVED DEC 19  
District Health Officer No. 8,  
District File Number.....  
Date Filed 12-21-49

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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 Frank S. Coffman Jr.

Licensed Embalmer No. 45389

P. O. Address Ledalia, 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.