

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37942

State File No. \_\_\_\_\_

0804

|   |                      |   |                                   |   |   |   |                              |   |  |
|---|----------------------|---|-----------------------------------|---|---|---|------------------------------|---|--|
| BIRTH NO. _____   |                      | REG. DIST. NO. <u>274</u>   |                                   | PRIMARY REG. DIST. NO. <u>3052</u>  |   | Registrar's No. <u>366</u>  |                              |   |  |
| 1. PLACE OF DEATH   |                      |   |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |   |   |                              |   |  |
| a. COUNTY <u>PETTIS</u>   |                      | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>   |                                   | c. LENGTH OF STAY (in this place)   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u> |                              |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1010 WEST 4th</u>  |                      |   |                                   | d. STREET ADDRESS (If rural, give location) <u>1010 WEST 4th</u>                      |   |   |                              |   |  |
| 3. NAME OF DECEASED (Type or Print)   |                      |   | 4. DATE OF DEATH                  |   |   | 5. SEX  |                              |   |  |
| a. (First) <u>LINZY</u>   | b. (Middle) <u>L</u> | c. (Last) <u>ANTHONY</u>  | (Month) <u>Nov.</u>               | (Day) <u>15,</u>  | (Year) <u>1950</u>                        | M <u>0</u>  | W                            |   |  |
| 5. SEX  |                      | 6. COLOR OR RACE  |                                   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)                                |   | 8. DATE OF BIRTH  |                              |   |  |
| M <u>0</u>  |                      | W   |                                   | Widowed   |   | Aug. 8, 1878  |                              |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                      |   | 10b. KIND OF BUSINESS OR INDUSTRY |   | 11. BIRTHPLACE (State or foreign country) |   | 12. CITIZEN OF WHAT COUNTRY? |   |  |
| City Employee   |                      |   | Retired                           |   | Moberly, Mo                               |   | USA                          |   |  |
| 13a. FATHER'S NAME  |                      |   | 13b. MOTHER'S MAIDEN NAME         |   |   | 14. NAME OF HUSBAND OR WIFE   |                              |   |  |
| John Anthony  |                      |   | Meely Helms                       |   |   | Ora Jane Anthony  |                              |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |                      |   | 16. SOCIAL SECURITY NO.           |   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS   |                              |   |  |
| No  |                      |   | Unknown                           |   |   | Mrs. Margaret Amos, 1010 W 4th Sedalia  |                              |   |  |
| 18. CAUSE OF DEATH  |                      | MEDICAL CERTIFICATION   |                                   |   |   |   |                              | INTERVAL BETWEEN ONSET AND DEATH                                    |  |
| Enter only one cause per line for (a), (b), and (c)   |                      | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>  |                                   |   |   |   |                              |   |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |                      | ANTECEDENT CAUSES   |                                   |   |   |   |                              |   |  |
|   |                      | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the sigmoid colon</u> |                                   |   |   |   |                              |   |  |
|   |                      | DUE TO (c)  |                                   |   |   |   |                              |   |  |
|   |                      | II. OTHER SIGNIFICANT CONDITIONS  |                                   |   |   |   |                              | 1.53X   |  |
|   |                      | 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?  |  |
| Oct 16, 1950  |                      | Carcinoma of Sigmoid with liver metastases.   |                                   |   |   |   |                              | YES <input type="checkbox"/> NO <input checked="" 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)   |                      | 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>July 29</u> , 19 <u>50</u> , to <u>Nov 15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 15</u> , 19 <u>50</u> , and that death occurred at <u>10:00 P</u> m., from the causes and on the date stated above. |                      |   |                                   |   |   |   |                              |   |  |
| 23a. SIGNATURE (Degree or title)  |                      |   |                                   | 23b. ADDRESS  |   |   | 23c. DATE SIGNED             |   |  |
| <u>Chas Gordon Sanfuclo MD</u>  |                      |   |                                   | <u>Sedalia, Missouri</u>  |   |   | <u>11-30-50</u>              |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |                      | 24b. DATE   |                                   | 24c. NAME OF CEMETERY OR CREMATORY  |   | 24d. LOCATION (City, town, or county) (State)   |                              |   |  |
| Burial  |                      | 11/17/50  |                                   | Crown Hill Cemetery   |   | Sedalia, Mo.  |                              |   |  |
| DATE REC'D BY LOCAL REG.  |                      | REGISTRAR'S SIGNATURE   |                                   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  |   |                              |   |  |
| 11-17-50  |                      | <u>A J Campbell</u>   |                                   |   | <u>W. Beckart</u>                         |   |                              |   |  |

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-27-58

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 11-27-58

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 *Roger L. Fuller*

Licensed Embalmer No. *4818*

P. O. Address *Sedalia, 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.