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FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11513

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5102 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fristoe Fristoe Twp-Life
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fristoe 4480
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) FRANCES c. (Last) Antwiler

4. DATE OF DEATH (Month) (Day) (Year) April 24, 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH Feb 26, 1875
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 1 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hickory Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Levi Breshears
13b. MOTHER'S MAIDEN NAME Dosha Breshears
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Everett Antwiler ADDRESS Fristoe, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 yrs
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 331X
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 April 21, 1951, to April 24, 1951, that I last saw the deceased alive on April 23, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Russ C Salley DO (Degree or title)
23b. ADDRESS Warsaw Mo
23c. DATE SIGNED Apr 25, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 26, 1951
24c. NAME OF CEMETERY OR CREMATORY Fristoe Cemetery
24d. LOCATION (City, town, or county) Fristoe Benton (State) Mo

DATE REC'D BY LOCAL REG. Apr 28, 1951
REGISTRAR'S SIGNATURE Jas A. Logan 23
25. FUNERAL DIRECTOR'S SIGNATURE John F Reser ADDRESS Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-20-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-20-51

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 John F Riser
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.