

FILED JUL 3 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20936

884

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>211</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Benton</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>		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL HOSP.</u>				d. STREET ADDRESS: (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>N.A.</u>		b. (Middle)		c. (Last) <u>ANTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct 24, 1879</u>	
9. AGE (In years last birthday) <u>71</u>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Holstein, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>GERMANY</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LA</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Holstein, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>GERMANY</u>	
13a. FATHER'S NAME <u>N.A. Anton</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Phillipen</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA ANTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Anton</u>		ADDRESS <u>Jana, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral haemorrhage</u> 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. <u>E9021</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Benton Pettis</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-23-51 1 P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from ladder</u>			
22. I hereby certify that I attended the deceased from <u>6-23</u> , 1951, to <u>6-24</u> , 1951, that I last saw the deceased alive on <u>6-24</u> , 1951, and that death occurred at <u>5:30 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. Gordon Haworth MD</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>6-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-26-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>North Lincoln Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln Benton MO</u>	
DATE REC'D BY LOCAL REG. <u>6/26/1951</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>			
				ADDRESS <u>Warsaw mo</u>			

(Licensed Embalmer) (Stated on Reverse Side)

RECEIVED 7-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-2-51

JUL 16 1951

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 _____

Licensed Embalmer No. 4098

P. O. Address Waisan

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.