

FILED OCT 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32455**
Registrar's No. **148**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Mexico		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Upper Loutre	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 2 miles S. E. Wellsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) AMELIA b. (Middle) M. c. (Last) ANTHES		4. DATE OF DEATH (Month) (Day) (Year) Oct. 4 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 5 1882
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 10 Days 29	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (State or foreign country) Hermann, Missouri
		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME John Joos	13b. MOTHER'S MAIDEN NAME Don't know	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME William C. Stiller	ADDRESS K. C. Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May, 1951, to Oct 4, 1951, that I last saw the deceased alive on Oct 4, 1951, and that death occurred at 5:40 P m., from the causes and on the date stated above.

23a. SIGNATURE E. L. Garcia M.D. (Degree or title)	23b. ADDRESS Mexico Mo	23c. DATE SIGNED 10-4-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/8/51	24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. Oct. 6 1951	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE R. B. Wells	ADDRESS Wellsville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0043

SEP 8 1955

Date Received: OCT 13 1955
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1823
Date Filed: OCT 13 1955

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, as by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed AB Wells

Licensed Embalmer No. 1589

P. O. Address Wellsville 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.