

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 155

BIRTH NO. _____		REG. DIST. NO. <u>38</u>	PRIMARY REG. DIST. NO. <u>3006</u>	Registrar's No. <u>44</u>
1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> <u>0100</u>		
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Route 6 - Columbia Tp.</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LILLIAN</u>	b. (Middle) _____	c. (Last) <u>ANTHONY</u>
4. DATE OF DEATH		(Month) (Day) (Year) <u>Feb. 5, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 10, 1867</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>85</u> <u>0</u> <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>John L. Ballenger</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Zaring</u>		14. NAME OF HUSBAND OR WIFE <u>James P. 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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.P. Anthony, Route 6, Columbia, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, bronchial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Debility of</u> DUE TO (c) <u>Arteriosclerosis, severe.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 da</u> <u>20 yrs</u>
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4500</u>
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>1-17-</u> , 19 <u>52</u> , to <u>2-5-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-4-</u> , 19 <u>52</u> , and that death occurred at <u>1:20 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>James P. Atkins, M.D.</u>		23b. ADDRESS <u>506 Cherry Columbia</u>		23c. DATE SIGNED <u>2/6/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parsons Funeral Service, Columbia, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 6 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		31

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

1105
0

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 Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.