

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

155

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		0100	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Boone County Hospital				d. STREET ADDRESS (If rural, give location) Route 6 - Columbia Tp.			
3. NAME OF DECEASED (Type or Print) LILLIAN		a. (First)		b. (Middle) ANTHONY		c. (Last)	
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 10, 1867		9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (State or foreign country) Boone County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John L. Ballenger		13b. MOTHER'S MAIDEN NAME Laura Zaring		14. NAME OF HUSBAND OR WIFE James P. Anthony	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.P. Anthony, Route 6, Columbia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pneumonia, bronchial ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Debility of DUE TO (c) Arteriosclerosis, severe				INTERVAL BETWEEN ONSET AND DEATH 480	
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)		4500	
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 1-17-1952, to 2-5-1953, that I last saw the deceased alive on 2-4-1952, and that death occurred at 1:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE James R. Atkins, M.D.		23b. ADDRESS 506 Cherry Columbia		23c. DATE SIGNED 2/6/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 6, 1952		24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Mo.	
DATE REC'D BY LOCAL REG. Feb. 6 1952		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parson Funeral Service, Columbia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.