

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **514****514**Registrar's No. **2**

FILED JAN 23 1952

BIRTH NO.

REG. DIST. NO. **52**PRIMARY REG. DIST. NO. **5189**Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence L. adults) a. STATE <b>MISSOURI</b> b. COUNTY <b>CAPE GIRARDEAU</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL WELSH TOWNSHIP</b>		c. LENGTH OF STAY (in this place) <b>6 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL WELSH TOWNSHIP</b>		0160 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. F. D. #3 CHAFFEE? MO.</b>			d. STREET ADDRESS (If rural, give location) <b>R. F. D. #3 CHAFFEE, MO.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SARAH</b> b. (Middle) <b>JANE</b> c. (Last) <b>ANTHONY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 9 1952</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEBRUARY 28 1894</b>	9. AGE (In years last birthday) <b>57</b>	# UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>ABNER BURTON</b>		13b. MOTHER'S MAIDEN NAME <b>BARBARA BURGESS</b>	14. NAME OF HUSBAND OR WIFE <b>CLINE ANTHONY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CLINE ANTHONY</b>		ADDRESS <b>CHAFFEE? MO</b>		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Some Naturel Cause</b>  ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		7955		20. AUTOPSY YES <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <b>Some Naturel Cause</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>R. F. D. #3 Chaffee</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Randola Mo Welch Cape Mo</b>				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Jan 9 52 P. 1:45</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Some Naturel Cause</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:45P m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <i>D. G. S. S. S.</i> <b>3</b>		(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>4 S. Pacific St Cape Gir, Mo</b>		23c. DATE SIGNED <b>Jan 9 '52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 12 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FRIEND</b>	24d. LOCATION (City, town, or county) (State) <b>ORAN SCOTT COUNTY MO.</b>			
DATE REC'D BY LOCAL REG. <b>Jan 18-52</b>	REGISTRAR'S SIGNATURE <i>D. G. S. S. S.</i> <b>4-3</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Earl J. Smith</i>		ADDRESS <b>ORAN, MO.</b>	

(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 \_\_\_\_\_

\_\_\_\_\_ under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Carl J. Smith*

.....  
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Orem, 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.