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FEB 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. 5728

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 5740

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DAKWOOD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OAKWOOD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEYERING HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>CITY ROUTE NO 61</u>	

3. NAME OF DECEASED a. (First) <u>HARRY</u> b. (Middle) <u>ELMER</u> c. (Last) <u>ANTHONY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-1952</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>1-7-1896</u>		9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICIAN</u>	
11. BIRTHPLACE (State or foreign country) <u>GRIEGSVILLE, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>SAMUEL ANTHONY</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA ROACH</u>		14. NAME OF HUSBAND OR WIFE <u>CHERYL 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. <u>481-03-2333</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Harry Anthony Dakwood Mo</u> ADDRESS _____	

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) <u>Coronary Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
		ANTECEDENT CAUSES DUE TO (b) <u>Repetitive Cardiovascular</u>			
		DUE TO (c) <u>Diabetes</u>			3 year
		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		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>443X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jus. C. Williams</u> (Degree or title)		23b. ADDRESS <u>1001 Parkway</u>		23c. DATE SIGNED <u>2/16/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-18-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GRIEGSVILLE, ILL.</u>	
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DATE REC'D BY LOCAL REG. <u>2-18-52</u>		REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke By W.C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Clark</u> ADDRESS <u>Hannibal Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 20 1952
HEALTH DEPT.
DATE FILED FEB 21 1952

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.....

Ralph C Clark

working under my personal supervision.

Student Embalmer No.....

Signed *Ralph C Clark*

Signed.....
Student Embalmer

Licensed Embalmer No. *4217*

P. O. Address *Hammid, 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.