

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED SEP 15 1952

State File No. 29051

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 213	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> c. LENGTH OF STAY (In this place) <u>1 1/2 Hours</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>302 N. Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Moberly</u> d. STREET ADDRESS (If rural, give location) <u>1128 Franklin</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>CLAUDE</u> c. (Last) <u>ANTHONY</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-9-1952</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>June-19-1916</u>	
9. AGE (In years last birthday) <u>36</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>East St. Louis Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jeff Anthony</u>		13a. MOTHER'S MAIDEN NAME <u>Lela Cynthia Wood</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Anthony</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-18-5802</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L.C. Anthony</u>		ADDRESS <u>Moberly 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.		MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrical Shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>using electric drill</u> DUE TO (c) <u>he fell on damp ground</u> 20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9140</u> <u>22</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>302 N. Buchanan</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Moberly</u> (COUNTY) <u>Randolph</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY <u>Sept 9-52 1:35 P.M.</u>		21e. INJURY OCCURRED WHILE AT ☒ WORK NOT WHILE AT WORK ☐		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 <u>1:35 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thos. E. Barnes</u> <u>Coroner</u>				23b. ADDRESS <u>Moberly</u>		23c. DATE SIGNED <u>Sept-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-11-52</u>		REGISTRAR'S SIGNATURE <u>Seal Weidner</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home</u>		ADDRESS <u>Moberly MO.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

SEP 24 1952

OCT 3 1952

ST. J. P. 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

R. M. Cater

Licensed Embalmer No. *4117*

P. O. Address *Proberly 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.