

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35756

35756

BIRTHDND OCT 17 1952

REG. DIST. NO. 235

PRIMARY REG. DIST. NO. 2817

Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Mill Creek		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Lebanon 0279				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile East Syracuse				d. STREET ADDRESS (If rural, give location) 6 Miles North Syracuse				
3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) Edwin c. (Last) ANTHONY			4. DATE OF DEATH (Month) (Day) (Year) Oct 8th 1952					
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH Oct. 27, 1921		
9. AGE (In years last birthday) 30		10. KIND OF BUSINESS OR INDUSTRY Lumber Yard		11. BIRTHPLACE (State or foreign country) Syracuse, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Salesman			10b. KIND OF BUSINESS OR INDUSTRY Lumber Yard			11. BIRTHPLACE (State or foreign country) Syracuse, Missouri		
13a. FATHER'S NAME Robert Irwin Anthony			13b. MOTHER'S MAIDEN NAME Gertrude Klein			14. NAME OF HUSBAND OR WIFE		
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. 497/28/3313		17. INFORMANT'S SIGNATURE OR NAME Robert I. Anthony, Otterville, 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, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from esophageal varices ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) Cirrhosis of Liver DUE TO (c) Unknown Etiology				INTERVAL BETWEEN ONSET AND DEATH. 1 hour 10 years	
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) 5810			
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 AUGUST 19 52 , to OCTOBER, 19 52 , that I last saw the deceased alive on OCT. 8 , 1952, and that death occurred at 2 a. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Robert Raymond Tate M.D.				23b. ADDRESS Versailles, Mo.			23c. DATE SIGNED 10-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/10/52		24c. NAME OF CEMETERY OR CREMATORY Syracuse Cemetery		24d. LOCATION (City, town, or county) (State) Syracuse Missouri		
DATE REC'D BY LOCAL REG. 16-19-52		REGISTRAR'S SIGNATURE Myrtle Holsenpiller		F. FUNERAL DIRECTOR'S SIGNATURE James E. Richards-Lipton		ADDRESS mo		

(Licensed Embalmer's Statement on Reverse Side)

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

710
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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

Jameel E. Richards
Licensed Embalmer No. *2466*
P. O. Address *Lipton, 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.