

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18597

State File No.

FILED JUN 2 1953

BIRTH NO. _____ REG. DIST. NO. 180¹⁷⁹ PRIMARY REG. DIST. NO. 5672 Registrar's No. 9

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

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OLD MONROE TWP.</u>		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OLD MONROE TWP. 0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FARM. RESIDENCE</u>		d. STREET ADDRESS (If rural, give location) <u>FARM RESIDENCE.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTONI</u> b. (Middle) _____ c. (Last) <u>ANTHONY.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY. 23 1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>NOV. 15, 1901</u>
9. AGE (In years last birthday) <u>51</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING TRADES.</u>	11. BIRTHPLACE (State or foreign country) <u>LINCOLN Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>FRANK ANTHONY.</u>	13b. MOTHER'S MAIDEN NAME <u>MARY DOBELMANN.</u>	14. NAME OF HUSBAND OR WIFE <u>NONE.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES. WWII</u>	16. SOCIAL SECURITY NO. <u>498-01-3062</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DICK ANTHONY, Moscow Mills, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
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 <u>4201</u>		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)	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Jason D. Marsh</u> (Degree or title) <u>Coroner Lincoln Co. Mo.</u>		23b. ADDRESS <u>Gray, Missouri</u>	23c. DATE SIGNED <u>5/23/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 26, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>	24d. LOCATION (City, town, or county) (State) <u>Old Monroe Mo</u>
DATE REC'D BY LOCAL REG. <u>5-29-1953</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Keittz</u>	ADDRESS <u>Old Monroe Mo.</u>

JUN 25 1953

AUG 9 1954

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 E. Heitz

Licensed Embalmer No. 877

P. O. Address O Fallon 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.