

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. _____

25481

FILED JUL 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGGINSVILLE</u>		c. LENGTH OF STAY (in this place) <u>9 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGGINSVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>107 W. 17TH ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>107 W. 17TH ST.</u>				d. STREET ADDRESS (If rural, give location) <u>107 W. 17TH ST.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIS</u>		b. (Middle) <u>—</u>		c. (Last) <u>ANTHONY</u>	
4. DATE OF DEATH		(Month) <u>JULY</u>		(Day) <u>6</u>		(Year) <u>1953</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>AUG 25 1873</u>	
9. AGE (in years last birthday) <u>79</u>		10. MONTHS <u>10</u>		11. DAYS <u>12</u>		12. HOURS <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COMMON LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GOSHEN GEORGIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>EDWARD ANTHONY</u>		13b. MOTHER'S MAIDEN NAME <u>AMERICA SIMMONS</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO NO</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Erma Perry Higginsville</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalized</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>—</u> years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</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. HOW DID INJURY OCCUR?	
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 <u>July 1, 1953</u> to <u>July 7, 1953</u> that I last saw the deceased alive on <u>July 7, 1953</u> and that death occurred at <u>9:50 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Appenbrink MD</u>		23b. ADDRESS <u>Higginsville MO</u>		23c. DATE SIGNED <u>July 8-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 9 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MONCIE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>July 13-53</u>		REGISTRAR'S SIGNATURE <u>Chas. H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Appenbrink</u>		ADDRESS <u>Higginsville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0541

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

Roy F. Wiegman

Licensed Embalmer No. *2883*

P. O. Address *Higginsville Md*

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.