

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

36356

State File No.

BIRTH NO. **FILED OCT 26 1953** REG. DIST. NO. **169** PRIMARY REG. DIST. NO. **5622** Registrar's No. **77**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY Knox		a. STATE Missouri	b. COUNTY Knox 0520
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 2 1/2 Miles N/East of Knox)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0	
c. LENGTH OF STAY (in this place) 6yrs		d. STREET ADDRESS (If rural, give location) 2 1/2 Miles N/East of Knox City, MO	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At residence e			

3. NAME OF DECEASED (Type or Print)	a. (First) Ethel	b. (Middle) Clara	c. (Last) Anthony	4. DATE OF DEATH (Month) (Day) (Year) Oct 10 1953
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 10 1900	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Stahl, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME James Davis	13b. MOTHER'S MAIDEN NAME Caroline Gates	14. NAME OF HUSBAND OR WIFE John Anthony
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John Anthony	ADDRESS Knox, City
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis			1 hr.
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS An amputated leg due to diabetes mellitus	Conditions contributing to the death but not related to the disease or condition causing death.		8 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct. 10, 1953 to Oct. 10, 1953 that I last saw the deceased alive on Oct. 10, 1953, and that death occurred at 2:45a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harry L. McBratney 2 D.O.	23b. ADDRESS La Belle, Missouri	23c. DATE SIGNED 10/15/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 14 Oct 1953	24c. NAME OF CEMETERY OR CREMATORY Knox City, Cemetery	24d. LOCATION (City, town, or county) (State) Knox City, Missouri
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DATE REC'D BY LOCAL REG. Oct. 19 53	REGISTRAR'S SIGNATURE Helle S. Lundolt 151	25. FUNERAL DIRECTOR'S SIGNATURE Alvin Edna Mc	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
00.48

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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.