

STANDARD CERTIFICATE OF DEATH

State File No. **5725**

BIRTH NO. **FILED MAR 3 1954** REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **4416** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE COLORADO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PLATTE CITY	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LITTLETON	d. STREET ADDRESS (If rural, give location) STAR RT.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) EVA		a. (First) LULA		b. (Middle) ANTHONY		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) FEB. 15, 1954		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH MAR. 10, 1881		9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JESSE DAY		13b. MOTHER'S MAIDEN NAME ELIZABETH A. DAY REDDICK	
14. NAME OF HUSBAND OR WIFE JOHN W. ANTHONY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME MRS. RUTH FERREL, PLATTE CITY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Ventricular fibrillation & agyastole ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insufficiency DUE TO (c) Coronary sclerosis & generalized arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS - Cardiac decompensation Conditions contributing to the death but not related to the disease or condition causing death.	
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)	
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?		22. I hereby certify that I attended the deceased from Jan 1, 1954, to Feb 15, 1954, that I last saw the deceased alive on Feb 15, 1954, and that death occurred at 6:45 P.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Dr. Graham Parker M.D.		23b. ADDRESS Platte City, MO	
23c. DATE SIGNED 2/16/54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 2-17-54		24c. NAME OF CEMETERY OR CREMATORY BROOKING CEM.	
24d. LOCATION (City, town, or county) (State) RAYTOWN, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Hollins & Mitchell, Platte City, Mo.	
DATE REC'D BY LOCAL REG. Feb. 16-54		REGISTRAR'S SIGNATURE B. Phia Rollins	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

830
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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

Roland M. Luffee

Licensed Embalmer No.

174725

P. O. Address

Platte City, 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.