

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30936

State File No. \_\_\_\_\_

FILED OCT 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 397

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Independence</u>		c. CITY OR TOWN <u>Independence,</u>	
c. LENGTH OF STAY (In this place) <u>24 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 617 N. Spring</u>		e. STREET ADDRESS (If rural, give location) <u>617 N. Spring</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>	b. (Middle) <u>D</u>	c. (Last) <u>Antonoff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 8, 1886</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe repairman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bulgaria</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Peter Antonoff</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mae Antonoff</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>487 38 7971</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mae Antonoff, Independence, Mo.</u>	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			6 yrs
DUE TO (b) <u>Coronary Thrombosis</u>			
DUE TO (c) <u>Coronary heart disease</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) _____
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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 March 1954, to Oct 7, 1954, that I last saw the deceased alive on Oct 6, 1954, and that death occurred at 8:05A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Dickerson</u> (Degree or title) _____	23b. ADDRESS <u>1111 Baird Bldg Independence, Mo</u>	23c. DATE SIGNED <u>10/7/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/9/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-9-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Independence, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 27 1951

NOV 27 1951

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 .....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. 47

P. O. Address Indianapolis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.