

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32949

State File No. _____

FILED OCT 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5042</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY <u>BARRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, LIBERTY TWP</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, LIBERTY TWP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.N. # Exeter</u>				d. STREET ADDRESS (If rural, give location) <u>R7 D # Exeter, Mo</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OLIVER</u>		b. (Middle) <u>GAYLEN</u>		c. (Last) <u>ANTLE</u>	
4. DATE OF DEATH		(Month) <u>Oct</u>		(Day) <u>11</u>		(Year) <u>1954</u>	
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>March 21, 1866</u>		9. AGE (In years last birthday) <u>88</u> <u>6</u> <u>20</u> <u>-</u> <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Madison, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>SIDNEY ANTLE</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET J PRICE</u>		14. NAME OF HUSBAND OR WIFE <u>Lynnie Antle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lynnie Antle</u>		ADDRESS <u>R7 D Exeter</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.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal poisoning</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic to liver</u>				<u>8 weeks</u>			
DUE TO (c) <u>Gastric Carcinoma</u>				<u>12 weeks</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>177 X</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) (Min.)		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>June</u> , 19 <u>54</u> , to <u>Oct 11</u> , 19 <u>54</u> that I last saw the deceased alive on <u>Oct 10</u> , 19 <u>54</u> , and that death occurred at <u>5:00 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Anna L. Holmes D.O.</u>				23b. ADDRESS <u>Wheaton, Mo.</u>		23c. DATE SIGNED <u>10-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marble Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Barry Co Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-18-1954</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Williamson</u> ADDRESS <u>Cassville, Mo</u>			

(Licensed Embalmers' Statements on Reverse Side)

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

2050

BARRETT COUNTY HEALTH UNIT
CASSVILLE, MO

NO. 1054-119

DATE REC. 10-23-54

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

Licensed Embalmer No. 3426

P. O. Address Cassville, 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.