

## STANDARD CERTIFICATE OF DEATH

41578

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

FILED DEC 28 1954

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>5638</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bates City</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY OR TOWN <u>Bates City</u>		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City</u>				STREET ADDRESS (If rural, give location) <u>City</u> <u>0540</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Anthony</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-18-1954</u>	
5. SEX <u>F m</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>June-13-1862</u>	
9. AGE (In years last birthday) <u>92</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or foreign Country) <u>New Berlin Ills</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jeremiah King</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Douglas</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mabel Herring Bates</u> ADDRESS <u>Bates City Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  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>3 yrs</u>					
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) (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>Jan</u> , 1952, to <u>Dec 18</u> , 1954, that I last saw the deceased alive on <u>Dec 18</u> , 1954, and that death occurred at <u>7:30 Pm.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>James W. Davidson MD</u> (Degree or title)				23b. ADDRESS <u>Dr. R. H. Herring Mo</u>		23c. DATE SIGNED <u>12-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-20-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Oak Grove Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/19/54</u>		REGISTRAR'S SIGNATURE <u>Emmie Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home</u> ADDRESS <u>Oak Grove Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

453-0

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

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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.....  
Signature of Student Embalmer

Signed

*RB Webb*

Licensed Embalmer No. *235*

P. O. Address

*Bluespring*

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.