

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1733

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY MADISON 0621		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY OR TOWN FREDERICKTOWN		c. CITY OR TOWN FREDERICKTOWN	
c. LENGTH OF STAY (in this place) 13 YRS.		d. STREET ADDRESS (If rural, give location) 514 N. NINE LA MOTTE AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 514 N. NINE LA MOTTE AVE		e. FULL NAME OF HOSPITAL OR INSTITUTION 514 N. NINE LA MOTTE AVE	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) ANTHONY			4. DATE OF DEATH (Month) (Day) (Year) JAN. 28, 1955		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	
8. DATE OF BIRTH SEPT. 21, 1883		9. AGE (in years last birthday) 71 Months 4 Days 7		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MADISON COUNTY, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOSEPH STACY		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE SAM ANTHONY (DECEASED)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME LOUISE WAGGNER - FREDERICKTOWN, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive gastric hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Sudden	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b)	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Maurin Grooman M.D.		23b. ADDRESS FREDERICKTOWN, MO.		23c. DATE SIGNED 1/31/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/31/55		24c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY	
24d. LOCATION (City, town, or county) (State) MADISON CO. MO.		25. FUNERAL DIRECTOR'S SIGNATURE F. L. Adkinson		ADDRESS FREDERICKTOWN, MO.	

DATE REC'D BY LOCAL REG. 1-31-1955		REGISTRAR'S SIGNATURE Flarence Ricketts		25. FUNERAL DIRECTOR'S SIGNATURE F. L. Adkinson	
				ADDRESS FREDERICKTOWN, MO.	

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
FEB 7 - 1955
RECEIVED

FILE No. 252-3

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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.