

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 179

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Independence  
c. LENGTH OF STAY (in this place) 45 yrs

c. CITY OR TOWN Independence  
d. Is Residence within limits of a city or incorporated town? Yes  No

4. FULL NAME OF HOSPITAL OR INSTITUTION Residence 630 S. Chrysler

STREET ADDRESS (If rural, give location) 630 S. Chrysler 1000

3. NAME OF DECEASED  
a. (First) William b. (Middle) B c. (Last) Antrim

4. DATE OF DEATH (Month) (Day) (Year) May 10, 1955

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH May 14, 1869

9. AGE (In years) (Last birthday) 85  
if UNDER 1 YEAR Months Days  
if UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Indep. Ice Co.

11. BIRTHPLACE (City and State or Foreign Country) Savannah, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. E. Antrim

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Clessie J. Antrim

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. 194 14 3074

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clessie J. Antrim, Independence, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* Carcinoma of the pancreas (head)  
ANTECEDENT CAUSES  
Morbid 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. Obstructive jaundice

INTERVAL BETWEEN ONSET AND DEATH unknown  
  
5-month

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 157X

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from October, 1954 to May 10, 1955, that I last saw the deceased alive on May 9, 1955, and that death occurred at 7:08 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. H. Alton, M.D.

23b. ADDRESS Independence, Mo.

23c. DATE SIGNED 5/10/55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 5/12/55

24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 5-12-55

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Baron Independence, Mo.

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

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..... *La Vega & Brown*

Licensed Embalmer No. *4-2*

P. O. Address. *Indep*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.