

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19238

State File No. ....

32

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Oakland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memo. Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Osage t. S.</u> <u>0532</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>L</u> c. (Last) <u>Anthony</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 26 1868</u>
9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor M. D.</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Anthony</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Lowby</u>	
14. NAME OF HUSBAND OR WIFE <u>Alice Anthony</u>			
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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Al Anthony</u>		ADDRESS <u>Oakland 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> 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 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>6/19</u> , 19 <u>55</u> , to <u>7/1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/1</u> , 19 <u>55</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J.H. Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>Lebanon Mo</u>	
23c. DATE SIGNED <u>7-2-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-5-1955</u>		REGISTRAR'S SIGNATURE <u>Blilla L. Gray</u> <u>424</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>S. R. Rubner</u>		ADDRESS <u>Lebanon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received 7-11-55  
Los Angeles County Health Unit  
File No. 109  
Date Filed 7-11-55

### 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 S. R. Palmer

Licensed Embalmer No. 225

P. O. Address Chano

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.