BIRTH NO. REG. DIST. NO. AREA DIST. NO. ARE		THE DIVISION OF HE	ALTH OF MISSOURI		19238
BIRTH NO. REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 333 Registror's No. 1 G.	FILED JUL 1219	55 STANDARD CERTIF	FICATE OF DEATH	State File No	
a. COUNTY Laclede b. CITY off outdissections limits, write RURAL and give township) C. LENGTH OF TOWN Lebanon d. Full, NAME OF HOSPITAL HOSPITAL ACCIDENT NAME Ballace Memo. Hospital ANAME OF DECEASED TOWN Oakland c. CITY TOWN Oakland c. CLASI TOWN Oakland c. CLESTIFICATION c. CLESTIFICATION c. CLESTIFICATION c. CL		REG. DIST. NO		3033 Registrar's No	169
b. COUNTY Laclede b. CITY (If outdoor service limits, write RURAL and give averable) STAY (is able place) G. CITY ON Oakland d. FULL NAME OF (if as is becapited or institution, effectives address in location) HOSPITATION MICHIEVANDO Wallace Memo: Hospital or institution, effectives address in location HOSPITA HOSPITATION MICHIEVANDO Wallace Memo: Hospital or institution of the control			2 USUAL RESIDENCE	E (Where deceased lived. If in	stitution: residence before
TOWN Oakland d. Fill NAME OF (it as its bespital of institution, gire stress address or location) NETHERET (It read, pire location) ADATE (Month) (Day) (Yea) DECENSION ANTHONY (It can be bespital or location) NETHERET (It read, pire location) ADATE (Month) (Day) (Yea) DECENSION ANTHONY (It can be benefit or location) NOTICE (Pire) (Pire) (Month) (Day) (Yea) NOTICE (Pire) (P	Laclede		a. STATE Mo.		
ANDRESS Rural Osage t. S. NAME OF DECRASED A THUR I. Anthony DEATH July 1 1955 S. SEX D 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, MATTIED 100, USUAL OCCUPATION (Investinated were a married and of were a treated by Doctor M. D. No. SUAL OCCUPATION (Investinated were a treated) Doctor M. D. 3. FATHER'S NAME DOCTOR M. D. 3. FATHER'S NAME WILLIAM AND DOCTOR M. D. 3. S. FATHER'S NAME WILLIAM AND DOCTOR M. D. 3. S. FATHER'S NAME WILLIAM AND DOCTOR M. D. 3. MAD PECESOR VERN IN U. S. ARMOD FORCES IN I. S. DISTRY NO. N. O. N. O. N. O. 10 W. M. D. 13b. MOTHER'S MAILEN NAME LOUIS R. S. D. T. M.	OR TOWN	township) STAY (in this place	all OR	d. la Ro n cit Ye	widence within limits of y or incorporated town?
3. NAME OF DECEASED DECEASED DECEASED TO DECEASE OF COMMINION DECEASE OF COMMINION DECEASED TO DECEASE OF COMMINION DECEASED TO DECEASE OF COMMINION DECEASED TO DECEASE OF COMMINION DECEASED DECEASE OF COMMINION DECEASED DECEASE OF COMMINION DECEASED DECEASE OF COMMINION DECEASED D	HOSPITAL OR	A POST OF THE SECOND	ADDRESS	- ·	0532
County of Prints Arthur County DEATH July 1 1955					
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DUSTRY Harrison Co. Mo. COUNTRY DUSTRY Harrison Co. Mo. COUNTRY DOCTOR M. D.		<u>Married</u>		87	Days Hours Min.
33. FATHER'S NAME WIlliam Anthony 13b. Mother's Maiden Name William Anthony 13b. Mother's Maiden Name 14. Name of Husband'or Vife Alice Anthony Alice Anthony 15. Social Security 17. Informant's Signature or Name Address Address Address Anthony Al Anthony Directly Leading To Death Role only one musper Infer (10, 16), and (c) "This does not mean the mode of dying, such Act lift means the disast, thintry, or compiler- tion which caused death. Antecedent Causes Adorbid conditions, if any, giving DUE TO (b) Antecedent Causes Antecedent Conditions Due to (c) 11. Other Significant Conditions Told the disease or condition autimy death. 13b. Mother's Maiden Antecedent Due to (c) 11. Other Significant Conditions Told the disease or condition autimy death. 13b. Mother's Maiden Due to (c) 11. Other Significant Conditions Told the disease or condition autimy death. 13c. It means the disast or condition autimy death. 13c. Due to (c) 11. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition autimy death. 13c. Due to (c) 11. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition autimy death. 13c. Due to (c) 11. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition autimy death. 13c. Due to (c) 11. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition autimy death. 13c. Due to (c) 11. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition autimy death. 13c. Due to (c) 11. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition autimy death. 13c. Due to (c) 11. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition auti	done during most of working life, even if	of work 10b. KIND OF BUSINESS OR IN-	(City als		COUNTRY
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MALE AT WORK A	SUICIDE HOMICIDE		2.0. (0111, 10111, 011 10111	(0001117)	(SIRIL)
22. I hereby certify that I attended the deceased from 6/9, 1955, to 1955, that I last saw the deceased alive on 1, 1955, and that death occurred at 7.30P.m., from the causes and on the date stated above. 23c. DATE SIGNATURE (Degree or title) 23c. DATE SIGNED 7-2-55 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) Lebanon Mo. 24d. DATE REGISTRAR'S SIGNATURE 424 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 27-5-1955 ALLELA ALLELA ALLELA ADDRESS ALLELA ALLELA ADDRESS ALLELA ADDRESS ALLELA AL	OF	WHILE AT [NOT WHILE []	21f. HOW DID INJURY OCCU	Rî İ	•••
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1-5-195-85. Alella L. Klory D. S. R. Querry Library miss				ises and on the date state	
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(Finance Englance) Systematic or Brown Side)					DDRESS
	1-0-1955 ALC	cla 1 May 0	Statement on Party State	Tous	ron mis

Lactede County Health Unit
File for 109

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

working under my personal supervision...

Signature of Student Embalmer

Signed S. R. Palms

Licensed Embalmer No. 3.3.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

this body is not embalmed, fact should be so stated above.