

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

499

STATE FILE NUMBER

FILED JAN 14 1957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Cape Girardeau</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cape Girardeau</u> Inside Limits <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>109A Independence</u> Length of stay in 1b <u>10 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>109A Independence</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>G.</u> Last <u>Anthony</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>6</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 30 1884</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>timber estimator Retired</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>	9c. AGE (In years last birthday) <u>72</u>
10a. BIRTHPLACE (City and state or country) <u>Cobden, Ill</u>		10b. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. FATHER'S NAME <u>George Anthony</u>		12. MOTHER'S MAIDEN NAME <u>McKenney</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		14. SOCIAL SECURITY NO. <u>UNK</u>	
15. INFORMANT <u>Earl Anthony</u> Address <u>Advance, Mo</u>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Fractures of the Skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9000</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>21</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fell off of stairs on his head a distance of 15 feet</u>	
20c. TIME OF INJURY Hour <u>11:45</u> a.m. <u>pm</u> Month, Day, Year <u>Jan. 6 '57</u>	20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>The home</u>	20e. CITY, TOWN, OR LOCATION COUNTY STATE <u>Cape Girardeau Cape Gir Mo</u>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>J. F. Sigmond, Coroner</u>	22b. ADDRESS <u>Jackson, Mo</u>	22c. DATE SIGNED <u>1/7/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/8/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Cemetery</u>
23d. LOCATION (City, town, or county) (State) <u>Advance Mo</u>		
24. FUNERAL DIRECTOR <u>Ford + Sons</u>	ADDRESS <u>Cape Girardeau, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-8-1957</u>
26. REGISTRAR'S SIGNATURE <u>O. C. Summers</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

William E. Jones

Licensed Embalmer No. *47*

P. O. Address *Cape Girardeau*

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