

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38853

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>6118</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY OR TOWN <u>SYLVAINA TNSHP</u>		c. LENGTH OF STAY (in this place) <u>13 YRS</u>		c. CITY OR TOWN <u>SYLVAINA TNSHP</u>		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. F. D. #1 ORAN</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. #1 ORAN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u>		b. (Middle) <u>A.</u>		c. (Last) <u>ANTHONY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 9 1957</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 2 1895</u>	
9. AGE (In years last birthday) <u>61</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Hours _____ Mins. _____		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>WILLIAM W. TANNER</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE MOORE</u>		14. NAME OF HUSBAND OR WIFE <u>BENJIMAN H. ANTHONY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>BENJ. H. ANTHONY</u>		ADDRESS <u>ORAN, 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>HYPERTENSIVE C.V. DISEASE</u> <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE CARDIO-VASCULAR DISEASE</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u> <u>15-20 YRS</u> <u>2</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>ORAN</u> (COUNTY) <u>SCOTT</u> (STATE) <u>MO.</u>		22. AUTOPSY? YES ☐ NO ☒	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>JULY</u> , 19 <u>57</u> , to <u>10/9</u> , 19 <u>57</u> ; that I last saw the deceased alive on <u>SEPT 15</u> , 19 <u>57</u> , and that death occurred at <u>8:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ralph Franklin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Monmouth, Mo.</u>		23c. DATE SIGNED <u>10/12/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 12 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL MEMORIAL</u>		24d. LOCATION (City, town, or county) (State) <u>MORLEY MO.</u>	
DATE REC'D BY LOCAL REG. <u>10-16-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Fred Bishop</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl D. Smith</u>		ADDRESS <u>ORAN, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED OCT 21 1957

SCOTT. CO. HEALTH DEPT.

CO. FILE No. 1057-225

OCT 29 1957

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Carl J. Smith

Licensed Embalmer No. 2676

P. O. Address Quincy, Mo.

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.