

U.S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Securing the medical certification in the specific manner required by 193.140 MoRS 1949.

30-0

STANDARD CERTIFICATE OF DEATH

43494
STATE FILE NUMBER

FILED DEC 18 1957

Registration District No. _____

.. Primary Registration District No

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia		c. CITY OR TOWN Centralia 0.100	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way Nursing Home		d. STREET ADDRESS East Lakeview	
3. NAME OF DECEASED (Type or print) First Lelia Middle Cynthia Last Anthony		4. DATE OF DEATH Month Dec Day 5 Year 1957	
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 11, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Month 11 Day 24 IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) Sturgeon, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Woods		14. MOTHER'S MAIDEN NAME Joella Seymour	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 		16. SOCIAL SECURITY NO. 	
17. INFORMANT Robert Anthony, Centralia, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis DUE TO (c) generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) 332 X			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7/14/54 to 12/4/57 and last saw her him alive on 12/4/57 Death occurred at 4:20 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert L. Ward (Degree or title) MD		22b. ADDRESS Centralia, Mo.	
22c. DATE SIGNED 12/7/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 7, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Horeb	23d. LOCATION (City, town, or county) (State) Sturgeon, Mo.
24. FUNERAL DIRECTOR Bill Co. Mearns ADDRESS Centralia, Mo.		25. DATE RECD. BY LOCAL REG. Dec 11-1957	
26. REGISTRAR'S SIGNATURE Maud Mc Bride			

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 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 _____, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 487

P. O. Address _____

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.