

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019076
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Monroe.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Jackson Township. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Florida, Missouri. Inside Limits 0690 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR McRiant R.F.D. Home Months 9 INSTITUTION Paris, Mo. R.F.D.		d. STREET ADDRESS (If outside, give location) Reside on Form Paris, Mo. R.F.D. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ANTHA VIOLETTE.			4. DATE OF DEATH Month Day Year May 26, 1958
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> 2	8. DATE OF BIRTH Feb 8, 1890
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.		9b. KIND OF BUSINESS OR INDUSTRY Home.	9c. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 69 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.		10b. KIND OF BUSINESS OR INDUSTRY Home.	11. BIRTHPLACE (City and state or country) Florida, Missouri. U
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME James Buchanan.	
14. MOTHER'S MAIDEN NAME Samantha Hickman.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No/	
16. SOCIAL SECURITY NO. None.		17. INFORMANT Address George Buchanan. Perry, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Emergency Heart DUE TO (b) Stroke DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 2 Deep			INTERVAL BETWEEN ONSET AND DEATH 2 Deep
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 WORK <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 May 24 to May 26 and last saw her alive on May 26 Death occurred at 3:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Geo M. Kellogg M.D. 6		22b. ADDRESS Paris, Missouri.	
22c. DATE SIGNED 5-28-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5-28-1958		23c. NAME OF CEMETERY OR CREMATORY Southfork Cemetery.	
23d. LOCATION (City, town, or county) (State) Monroe County, Mo.		24. FUNERAL DIRECTOR ADDRESS Clyde C. Wilkey Perry, Mo.	
25. DATE RECD. BY LOCAL REG. 6-4-58		26. REGISTRAR'S SIGNATURE F. A. Barnett M.D.	

Health, & Welfare Public Service

300 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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 1 1958

Faint, mostly illegible text, possibly containing names and dates.

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 *Olydest. Wilkey*

Licensed Embalmer No. 382

P. O. Address Perry, Mo.

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.