

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027645

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 24

FILED AUG 6 1962

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 6 mi No. Hurdland		c. CITY OR TOWN 6 mi No Hurdland	
Length of stay in 1b 4 yrs		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) JOHN ANTHONY		4. DATE OF DEATH Month July Day 28 Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 10 Mar 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) near Gibbs, Mo	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jake Anthony		13b. MOTHER'S MAIDEN NAME Martha (unk)	
14. NAME OF HUSBAND OR WIFE Lula P. Anthony		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. 498-34-7589		17. INFORMANT Mrs. John Anthony	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia DUE TO (b) External obstruction to Trachea DUE TO (c) Farm tractor accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Farm tractor over turned pinning above deceased under rear wheel-caused external	
20c. TIME OF INJURY Hour 2 p.m. Month, Day, Year 28 July 1962	obstruction to trachea from log that laid on ground		
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	20f. CITY, TOWN, OR LOCATION 4 miles north Hurdland	COUNTY Knox STATE Mo.
21. I attended the deceased from 2X2XXXXXXX and last saw her alive on XXXXXXX Death occurred at approximately 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>[Signature]</i> (Degree or title) Coroner	
22b. ADDRESS Edina, Missouri		22c. DATE SIGNED 31 July 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 30 July 1962	23c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery	23d. LOCATION (City, town, or county) (State) Knox City, Mo
24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME		25. DATE RECD. BY LOCAL REG. Aug. 2-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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AUG 9 1962

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 Jerry L. Davis, Student Embalmer No. 666
working under my personal supervision.

Student

Jerry L. Davis
Signature of Student Embalmer

Signed

AL Rimmer

Licensed Embalmer No.

5041

P. O. Address

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

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