

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-037615

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 76

FILED NOV 7 1962

1. PLACE OF DEATH
 a. COUNTY Bollinger
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marquand Rt. 1 Length of stay in lb 7 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Bollinger
 c. CITY OR TOWN Marquand Rt. 1 Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
HIRAM ANTIS
 4. DATE OF DEATH Month Day Year
Oct. 29, 1962

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 3-20-74 9. AGE (last birthday) 88 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Piedmont, Mo 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Hiram Antis Sr. 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Maggie Masters Antis
 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. No 17. INFORMANT Maggie Antis, Marquand, 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) Acute congestive failure
 DUE TO (b) arteriosclerotic heart disease
 DUE TO (c) Generalized arteriosclerosis
 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.)
 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
 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.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-23-62 to 10-29-62 and last saw her alive on 10-22-62
 Death occurred at 12:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Rughart D.O. 22b. ADDRESS Lutesville, Mo 22c. DATE SIGNED 10-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-31-62 23c. NAME OF CEMETERY OR CREMATORY Whitener Cem. 23d. LOCATION (City, town, or county) (State) Marquand, Mo

24. FUNERAL DIRECTOR Gene Ward Lutesville, Mo ADDRESS 11/11/62 25. DATE RECD. BY LOCAL REG. 11/11/62 26. REGISTRAR'S SIGNATURE Mrs. Buford Clader

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Kenneth Liley

Licensed Embalmer No. 5086

P. O. Address Fultonville, 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.