

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0028217

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 232

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425

2 0080

3

4 1

5 1

6

7 1

8 2

9 332X

10

11

12 22

13 1-0

DATE AMENDED	
INSTEAD OF	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
SHOULD READ	
ITEM NO.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) CLINTON		c. CITY OR TOWN FRISTOE	
c. FULL NAME OF (If NOT in hospital, give location) Wetzel Hosp		d. STREET ADDRESS (If outside, give location) ---	
3. NAME OF DECEASED (Type or print) BESSIE I ANTWIER		4. DATE OF DEATH 8/5/1966	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar 19, 1909
9. AGE (last birthday) 47		10. IF UNDER 1 YEAR Months: Days: Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Columbia, Miss		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ---		13b. MOTHER'S MAIDEN NAME Sessie Owen	
14. NAME OF HUSBAND OR WIFE Ernest Antwiler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	
16. SOCIAL SECURITY NO. ---		17. INFORMANT Ernest Antwiler Fristoe, 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) Medullary infarct Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral vascular thrombosis DUE TO (c) Cerebral arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 8-hrs U. D.
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year		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 8/4/66 , to 8/5/66 and last saw her ^{him} alive on 8/5/66 Death occurred at 6:42 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James C. Clouse DO		22b. ADDRESS 105 E. Ohio Clinton, Mo	
22c. DATE SIGNED 8/5/66		22d. LOCATION (City, town, or county) (State) Columbia Miss	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Aug 8, 1966		23b. DATE Aug 8, 1966	
23c. NAME OF CEMETERY OR CREMATORY Columbia City Cemetery		23d. LOCATION (City, town, or county) Columbia Miss	
24. FUNERAL DIRECTOR John F. Riser		25. DATE RECD. BY LOCAL REG. 8-6-1966	
26. REGISTRAR'S SIGNATURE Mildred Bigum			

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 John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.

Permit obtained 8-5-66 (M.A.)