

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24492

No. 300  
10-48

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 279

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington</b>	
c. LENGTH OF STAY (In this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Raymond</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Antoine</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>July 29 1949</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 24, 1905</b>	9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 1 YEAR Days <b>5</b>	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Filing Station Attendant</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Doe Run, Missouri</b>		12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Henry R. Antoine</b>	13b. MOTHER'S MAIDEN NAME <b>Betty P. Fleming</b>	14. NAME OF HUSBAND OR WIFE <b>Roberta Antoine</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Henry Antoine, Doe Run, Mo</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5810</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of Liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malnutrition</b> DUE TO (c) <b>none</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 15, 1949**, to **July 29, 1949**, that I last saw the deceased alive on **July 29, 1949**, and that death occurred at **5:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James J. Stout</b>	23b. ADDRESS <b>Med. Act. Bldg, Farmington, Mo</b>	23c. DATE SIGNED <b>July 30, 49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 31, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Francois Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Dealogue, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Aug 6, 1949</b>	REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul K. Miller</b>	ADDRESS <b>Miller Funeral Home, Farmington, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 80170-49

Health Officer No. 4

File Number 849-106

Date Filed

AUG 20 1959

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 Student Embalmer

Signed Paul K. Deegal

Licensed Embalmer No. 4120

P. O. Address Farmington 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 this body is not embalmed, fact should be so stated above.

Paul K. Deegal 8/20/59