

FILED NOV 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33532

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 960

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>		
b. CITY OR TOWN <u>Springfield,</u> <u>0</u> (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place) <u>14</u> days	c. CITY OR TOWN <u>Fristoe</u>		3
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ieland</u> b. (Middle) <u>Ray</u> c. (Last) <u>Antwiler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Not Married</u>	8. DATE OF BIRTH <u>Dec 2, 1925</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months Days IF UNDER 1 WEEK Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Fristoe, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Evertt Antwiler</u>		13b. MOTHER'S MAIDEN NAME <u>Morie Addie Jenkins</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW 2</u>		16. SOCIAL SECURITY NO. <u>492262063</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records, VAH, Springfield, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glomerulo-nephritis, subacute, with</u>  ANTECEDENT CAUSES <u>secondary nephrosis</u>  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH  <u>593x</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Anasarca with marked bilateral</u>  Conditions contributing to the death but not related to the disease or condition causing death. <u>pulmonary congestion</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that <u>VA</u> attended the deceased from <u>Oct 19</u> , 19 <u>49</u> , to <u>Nov. 1</u> , 19 <u>49</u> , <del>and that death occurred at 4:50 PM m., from the causes and on the date stated above.</del>					
23a. SIGNATURE <u>Raul L. Eisele</u> (Degree or title) <u>Clinical Director</u>			23b. ADDRESS <u>VA Hospital, Springfield, Mo.</u>		23c. DATE SIGNED <u>11-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>11-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Narsaw</u>		24d. LOCATION (City, town, or county) (State) <u>Narsaw, Mo</u>
DATE REC'D BY LOCAL REG. <u>11-2-49</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Handley, Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed \_\_\_\_\_

.....  
Student Embalmer

Licensed Embalmer No. 4594

P. O. Address Springfield, 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.