

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12420**

FILED MAY 5-1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **107**

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON CITY</b>	c. LENGTH OF STAY (In this place) <b>10 WEEKS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON CITY</b> <b>0260</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>R. R. # 2</b>	

3. NAME OF DECEASED (Type or Print) <b>ROSE ANTWELLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 27, 1952</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>APRIL 8, 1885</b>	9. AGE (In years last birthday) <b>67</b>	10. UNDER 1 YEAR <b>0</b>	11. UNDER 18 HRS. <b>19</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>JEFFERSON CITY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>JOHN ANTWELLER</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH WEITH</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>PHILLIP ANTWELLER</b>	ADDRESS <b>J. C. MO.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension - pleurisy</b> <b>arterio-sclerotic disease</b> DUE TO (c) <b>chronic pneumonia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture fibular right</b>			<b>12 weeks</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X F</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) m.	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 I attended the deceased from **March, 1952** to **April 27, 1952** that I last saw the deceased alive on **April 27, 1952** and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Rose A. Taylor</b> (Degree or title)	23b. ADDRESS <b>M. D. Jefferson City</b>	23c. DATE SIGNED <b>4-30-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>APRIL 30, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESUR RECEPTION</b>	24d. LOCATION (City, town, or county) (State) <b>JEFFERSON CITY, MO.</b>
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DATE REC'D BY LOCAL REG. <b>May 1-52</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis MD - MR. 8</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester Dulle</b>	ADDRESS <b>J. C. MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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7961 1 8 MDA

MAY 7 1952

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 Sylvester Dulle  
Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.

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