

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14024**
1821

FILED APR 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>8 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BUCKNER</u>		7000		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH EAST OSTEO. HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u> b. (Middle) <u>ANN</u> c. (Last) <u>ANTHONY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 2 53</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3/29/1871</u>		9. AGE (In years last birthday) <u>81</u>	# UNDER 1 YEAR Months	# UNDER 2 HRS. Hours	# UNDER 5 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>UNKNOWN BAGAIN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN BRITTON</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED D.B. ANTHONY</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EARL D. JONES</u>				ADDRESS <u>INDEPENDENCE MO. R.R. # 4</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3/24/53-4/2/53</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>				DUE TO (b) <u>Failing heart, Senility</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>cerebral hemorrhage due to apoplexy</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				3911K				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 <u>3/26</u> , 19 <u>53</u> , to <u>4/2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/2</u> , 19 <u>53</u> , and that death occurred at <u>10:05 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L. W. Higgins</u> (Degree or title) <u>L. W. Higgins DO I</u>				23b. ADDRESS <u>Buckner, Mo</u>		23c. DATE SIGNED <u>4/2/53</u>		
24a. BURIAL CREMATION/REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARTERSVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARTERSVILLE MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>4-4-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. H. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>				

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Charles D. Steinhilber

Signed.....
Student Embalmer

Licensed Embalmer No. 4560

P. O. Address 150 W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.