

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5306**

BIRTH MO. **FEB. MAR 8 1954** REG. DIST. NO. **166** PRIMARY REG. DIST. NO. **5604** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY OR TOWN Rural, Montserrat T.S.		c. CITY OR TOWN R.R.#3, Warrensburg	
c. LENGTH OF STAY (in this place) 80 yrs.		d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. #3, Warrensburg, Mo.		e. STREET ADDRESS (If rural, give location) R.R. No. 3, Warrensburg, Missouri	

3. NAME OF DECEASED (Type or Print) a. (First) Oda b. (Middle) Lenora c. (Last) Anthony			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12th, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH August 26, 1869		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR: Months 0 Days 0	
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 Foreign Country) Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Theoples Smith		13b. MOTHER'S MAIDEN NAME Martha Howe		14. NAME OF HUSBAND OR WIFE Harry Blair Anthony	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Willis Thomas, Creighton, Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Diabetic Melitis		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Melitis		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes				4 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 I attended the deceased from **June 10, 1953** to **2-12-**, 19**54**, that I last saw the deceased alive on **2-17**, 19**54**, and that death occurred at **12:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 2-12-1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-14-1954		24c. NAME OF CEMETERY OR CREMATORY Ellis Cemetery	
24d. LOCATION (City, town, or county) (State) Rural Warrensburg, Johnson Co. Mo.					

DATE REC'D BY LOCAL REG. Feb 26-54		REGISTRAR'S SIGNATURE Lorna D. Beatty		FUNERAL DIRECTOR'S SIGNATURE R. B. Bauninger	
		ADDRESS Warrensburg, Mo.			

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

10. 300
10. 48

510

RECEIVED
MAR 1 1964
JOHNSON COUNTY HEALTH DEPT.

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 J. A. Brundage

Licensed Embalmer No. 33

P. O. Address Warrensburg

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.