

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED MAR 1 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 649

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. LENGTH OF STAY (in this place township) <b>18 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Lukes Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>9469 Pennsylvania</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>VERNA</b>			b. (Middle) <b>S.</b>		c. (Last) <b>ANTENER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 11. 1956</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>Apr 23, 1890</b>		9. AGE (In years last birthday) <b>65</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plaza Fixit Shop</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Plaza Fixit Shop</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Morris Antener</b>			13b. MOTHER'S MAIDEN NAME <b>Lillie Newsom</b>			14. NAME OF HUSBAND OR WIFE <b>Mable Antener</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>W.W. # 1 487-07-3896</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Mable Antener, 4469 Pennsylvania</b>				ADDRESS	
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) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerosis, genl</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>3 wks</b> <b>4201</b>	
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) (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 <u>1952</u> , 19 <u>  </u> , to <u>7/11/56</u> 19 <u>  </u> , that I last saw the deceased alive on <u>7/11/56</u> , 19 <u>  </u> , and that death occurred at <u>6:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <b>James A. Jarvis</b> (Degree or title)				23b. ADDRESS <b>Kansas City, Mo.</b>				23c. DATE SIGNED <b>7/11/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/13/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Park</b>		24d. LOCATION (City, town, or county) (State) <b>Carrollton, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>2-13-56</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stine &amp; McClure Und. Co. K.C. Missouri</b>				

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD  
James A. Jarvis

~~Morrison~~  
James A. Jarvis 600 W 57th St Ja 3-6555  
4620 J.C. Nichols Parkway  
JE 1-2020

ST. LUKES

MAR 1 1956

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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..

Student.....  
Signature of Student Embalmer

Signed *J. S. Matton*

Licensed Embalmer No. *2745*

P. O. Address *H. C. M.*

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.