

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019279

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 6-967 Registrar's No. 34

S. 300
v. 1-57

0830
1

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Platte</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parkville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Parkville</u> <u>0830</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		Length of stay in 1b <u>30 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>R7D-3-Box 135</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Conrad</u> Middle <u>none</u> Last <u>Antes</u>			4. DATE OF DEATH Month <u>May</u> Day <u>15</u> Year <u>1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 2, 1888</u>	9. AGE (In years, month, day, hour, min.) <u>70</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Sailor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing</u>		11. BIRTHPLACE (City and state or country) <u>Worms Germany</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm Antes</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Rucke</u>	
13c. NAME OF HUSBAND OR WIFE <u>Elizabeth Schaffer Antes</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>487-03-3001</u>	
17. INFORMANT <u>Elizabeth Antes</u>		Address <u>Parkville</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis - Progressive</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>332X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
18. INTERVAL BETWEEN ONSET AND DEATH <u>3-4 mos</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Parkville</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>1-6-58</u> to <u>death</u> and last saw him alive on <u>5-6-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>R. L. Lehman M.D.</u>		22b. ADDRESS <u>2025 S. Grand St. Parkville Mo</u>	
22c. DATE SIGNED <u>5/14/58</u>		23a. BURIAL, CREMATION, OR REINTERMENT (Specify) <u>May 19-58</u>		23b. DATE <u>May 19-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>East Slope</u>		23d. LOCATION (City, town, or county) <u>Parkville</u>		(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>St. Francis</u>		ADDRESS <u>Parkville</u>		25. DATE RECD. BY LOCAL REG. <u>May 19, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>B. P. Collins</u>					

(Licensed Embalmer's Statement on Reverse Side)



MAY 29 1958

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 *Edward H. Francis*
461 main st
Licensed Embalmer No. *3451*
P. O. Address *Parkville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.