

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033740

STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 185

812
S. 300
1-57

1. PLACE OF DEATH a. COUNTY PHELPS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) MISSOURI CRAWFORD		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROLLA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SULLIVAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mc FARLAND NURSING HOME INMO		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) GARRINGTON BRIDGE RD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MAUDE ELUIRA ANTISDEL			4. DATE OF DEATH Month Day Year OCT 5 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 10, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days 8 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BRANDON, IOWA		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME WILLIAM SCOTT		13b. MOTHER'S MAIDEN NAME MARY FEST		14. NAME OF HUSBAND OR WIFE CLARENCE ANTISDEL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address RAT ANTISDEL SULLIVAN, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterio sclerosis DUE TO (c) 331X					INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE	
21. I attended the deceased from 7:20 to 10/5/58 and last saw her ^{her} alive on 10/5/58 Death occurred at A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wm R. [Signature]			22b. ADDRESS Rolla Mo.		22c. DATE SIGNED 10/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT. 8, 1958	23c. NAME OF CEMETERY OR CREMATORY ARGO CHURCH CEM.		23d. LOCATION (City, town, or county) (State) SULLIVAN MO
24. FUNERAL DIRECTOR [Signature]		25. DATE RECD. BY LOCAL REG. Oct. 6, 1958		26. REGISTRAR'S SIGNATURE Nadine L. Steele	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

No symptoms will be listed.

RECEIVED

Phelps County Health

County File Number 11

Date Filed Oct. 1

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 Paul E. Zell

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.