

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036245
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4631

FILED OCT 23 1958

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, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6. CITY OR TOWN <u>KANSAS CITY</u> 4-28
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2324 CHARLOTTE</u>		Length of stay in 1b <u>11 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>2324 CHARLOTTE ST.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>HELEN MAE ANTHONY</u>			4. DATE OF DEATH Month Day Year <u>SEPTEMBER-30-1958</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 7, 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONFECTORY WORKER INTER STATE BAKE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>59</u>
11. BIRTHPLACE (City and state or country) <u>ARTHUR, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>GRACE STEPHENS</u>	14. NAME OF HUSBAND OR WIFE <u>RICHARD C. 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>496-10-1892</u>	17. INFORMANT Address <u>RICHARD J. ANTHONY, 3021 FOREST, K.C. MO.</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>Coronary Thrombosis</u> DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 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>30-</u>	COUNTY STATE
21. I attended the deceased from <u>1954</u> to <u>9-28-58</u> and last saw her/him alive on <u>9-28-58</u> Death occurred at <u>8:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Geo C Keelhof er</u> (Degree or title)		22b. ADDRESS <u>6627 P. Covert Blvd</u>	22c. DATE SIGNED <u>9-30-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT. 3, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS, 1331 BRUSH CREEK, KANSAS CITY, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>10-5-58</u>	26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>

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.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Geo. C. Keelhof er



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 *W. J. Nelson*

Licensed Embalmer No. *4421*

P. O. Address *Kansas City*

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.