

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004905

STATE FILE NUMBER

FILED FEB 20 1959

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 44

300
1-57

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		c. CITY OR TOWN JEFFERSON CITY, MO.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		d. STREET ADDRESS (If outside, give location) R. R. # 5	
3. NAME OF DECEASED (Type or print) First Middle Last THERESA AGNES ANTWEILER		4. DATE OF DEATH Month Day Year FEB. 9, 1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 3, 1870
9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 11 6		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
11. BIRTHPLACE (City and state or country) COLE COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN ANTWEILER		13b. MOTHER'S MAIDEN NAME ELIZABETH VEITH	
14. NAME OF HUSBAND OR WIFE NONE		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 PHILLIP ANTWEILER R # 5 J C 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) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 2 congenital fractures. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) A266			INTERVAL BETWEEN ONSET AND DEATH 2 years
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 COUNTY STATE	
21. I attended the deceased from Death occurred at Feb 7 / 59, 10 PM		and last saw her/him alive on Feb 9 / 59.	
22a. SIGNATURE (Degree or title) Richard Taylor M.D.		22b. ADDRESS Jefferson City, Mo	
22c. DATE SIGNED 13 Feb 1959		22d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/12/59	
23c. NAME OF CEMETERY OR CREMATORY RESURRECTION		23d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.	
24. FUNERAL DIRECTOR ADDRESS Lynette Gulle J C MO.		25. DATE RECD. BY LOCAL REG. 13 February 1959	
26. REGISTRAR'S SIGNATURE R.P. Norris, M.A.-M.R.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Josephine Quille*

Licensed Embalmer No. *4321*
P. O. Address *Jefferson City 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.