

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 17 1949

State File No. **20285**

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 2044 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u> /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u> /	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret</u>	b. (Middle) <u>Effie</u>	c. (Last) <u>Austin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1949</u>
---	----------------------------	--------------------------	-------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 3, 1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR (Months) <u>5</u>	IF UNDER 2 HRS. (Days) <u>4</u>	IF UNDER 4 MIN. (Hours) <u>1</u>
--------------------------------	---	---	--	--	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Miller Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Elmer Graham</u>	13b. MOTHER'S MAIDEN NAME <u>Jenny Mein</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Austin</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME: <u>Miss. Jennie Austin</u>	ADDRESS <u>Eldon, Mo.</u>
--	---	--	-------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs.</u> <u>4252</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis chr.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Accident fall in floor in dark. June 2, 1949. Remained in bed from that date to death - developing pneumonia.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 1946 to June 7, 1949, that I last saw the deceased alive on June 7, 1949, and that death occurred at B.A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. O. Shelton M.D.</u>	23b. ADDRESS <u>Eldon Mo</u>	23c. DATE SIGNED <u>June 8, 1949</u>
--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>	24d. LOCATION (City, town, or county) (State) <u>Eldon, Missouri</u>
---	--	---	--

DATE REC'D BY LOCAL REG. <u>June 9, 1949</u>	REGISTRAR'S SIGNATURE <u>Alberta Walther</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James D. Phillips</u>	ADDRESS <u>Eldon</u>
--	--	---	--------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

66

1

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 16 1949

JUN 23 1949

JUN 22 1949

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

Louis D. Phillips----Leo G. Whitaker

Student Embalmer No. 314

working under my personal supervision.

Student *Leo G. Whitaker*
Student Embalmer

Signed *Louis D. Phillips*
Licensed Embalmer No. 3663

P. O. Address Eldon

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 this body is not embalmed, fact should be so stated above.