

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23151

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 630

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>711 Cherry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>711 Cherry</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Austin</u> c. (Last) <u>Walters</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 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>July 22, 1869</u>
9. AGE (In years last birthday) <u>79</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Rooming house</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel B Austin</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Mithchel</u>	
14. NAME OF HUSBAND OR WIFE _____			
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>Mary Jane Goddard</u>		ADDRESS <u>Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Organic heart disease</u> ANTECEDENT CAUSES <u>Hypertension</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>May 20, 1949</u> , to <u>July 16, 1949</u> , that I last saw the deceased alive on <u>July 16, 1949</u> , and that death occurred at <u>3:45 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. Dejeed M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield Mo</u>	
23c. DATE SIGNED <u>7-20-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-20-49</u>		REGISTRAR'S SIGNATURE <u>N.S. Standley M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schaefer</u>		ADDRESS <u>F.H. Springfield, Mo</u>	

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.

Signed.....

Bernard F. Wright

.....
Student Embalmer

.....
Student Embalmer

Licensed Embalmer No. *4293*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Signature to comply the above constitutes grounds for revocation of license.)

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