

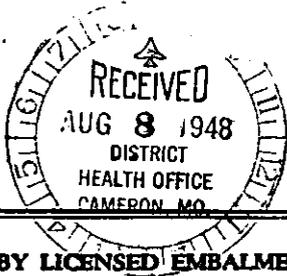
FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24125

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4322		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give town) Princeton		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Princeton			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Emmet			b. (Middle) Austin			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) July 27 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 15, 1885		9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Mercer Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Austin		13b. MOTHER'S MAIDEN NAME Nancy Curtis		14. NAME OF HUSBAND OR WIFE Minnie Austin	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Austin Princeton, Mo.			
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) myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Carcinoma of Stomach II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs Yes 151X	
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)		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 July 23, 1949 to July 27, 1949 , that I last saw the deceased alive on July 26, 1949 , and that death occurred at 6:00A m., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) Geo Dawson				23b. ADDRESS Mercer Mo		23c. DATE SIGNED July 28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-28-49		24c. NAME OF CEMETERY OR CREMATORY Princeton Ceme.		24d. LOCATION (City, town, or county) (State) Princeton, Mo.	
DATE REC'D BY LOCAL REG. 7-30-49		REGISTRAR'S SIGNATURE M. J. Ruth		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo.			

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



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

Jene Y. Miller

Student Embalmer No. *304*

working under my personal supervision.

Signed *Jene Y. Miller*
Student Embalmer

Signed *Ivan Martin*

Licensed Embalmer No. *3760*

P. O. Address *Camerton, 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 this body is not embalmed, fact should be so stated above.