

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26486

State File No.

FILED SEP 9 1949

BIRTH NO. _____		REG. DIST. NO. <u>76</u>		PRIMARY REG. DIST. NO. <u>2302</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>COLE</u> <u>Clark Twp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>BRAZITO</u>)		c. LENGTH OF STAY (In this place) <u>36 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BRAZITO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - 1 mile N-W of Brazito</u>				d. STREET ADDRESS (If rural, give location) <u>1 mile N-W of Brazito</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUSTA</u>		b. (Middle) <u>K.</u>		c. (Last) <u>OTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 25 49</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Aug 5, 1881</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>- 00 - -</u>		11. BIRTHPLACE (State or foreign country) <u>JEFFERSON CITY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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 <u>Home</u>		13a. FATHER'S NAME <u>JOHN G. FASEL</u>		13b. MOTHER'S MAIDEN NAME <u>JOHANNA BERGER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN T. OTT</u>		ADDRESS <u>BRAZITO 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Bladder</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) _____				INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>	
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>March 1943</u> <u>Aug 25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 25</u> , 19 <u>49</u> , and that death occurred at <u>5:15 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carleton W. ...</u> (Degree or title) _____				23b. ADDRESS <u>... Mo.</u>		23c. DATE SIGNED <u>8-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>27 Aug 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 1 - 49</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tanner ...</u>		ADDRESS <u>700 ...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District No. _____

MAY 28 1936

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 _____

Student Embalmer

Signed _____

Licensed Embalmer No. 3641

P. O. Address _____

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.