

FILED NOV 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33533

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 861

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) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>12 hours</u>		d. STREET ADDRESS (If rural, give location) <u>1331 North Lyon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Jail</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u>	b. (Middle) <u>E</u>	c. (Last) <u>Austin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 2 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 17, 1891</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Emery Austin</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Danah</u>	14. NAME OF HUSBAND OR WIFE <u>Imogene Austin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Imogene Austin, Springfield, Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion</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.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>public street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Greene Mo. 38</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>11 1-49 1 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell off embankment onto public street</u>

I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased dead on 11-2- 1949 and that death occurred at 6 P. m., from the causes and on the date stated above.

23. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner 3</u>	23b. ADDRESS <u>Mo. Woodruff Bldg, Springfield</u>	23c. DATE SIGNED <u>11/3/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spring Hill Church</u>	24d. LOCATION (City, town, or county) (State) <u>Near Rogersville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-5-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>874</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 19 1949

NOV 17 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.....

Student Embalmer No.

working under my personal supervision.

Signed

Julian R Goodwin

Signed.....

Student Embalmer

Licensed Embalmer No. *94562*

P. O. Address

Springfield, Me

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.