

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1508

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY OR TOWN <u>JOPLIN</u>		c. CITY OR TOWN <u>JOPLIN</u>	
c. LENGTH OF STAY (in this place) <u>35 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>914 MISSOURI AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>914 MISSOURI AVE.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 14 50</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ONEAL</u>		b. (Middle) <u>AUSTIN</u>	
c. (Last) _____		5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JUNE 2 1877</u>		9. AGE (In years last birthday) <u>72</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>	
11. BIRTHPLACE (State or foreign country) <u>MISSISSIPPI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANDY AUSTIN</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA ROBINSON</u>	
14. NAME OF HUSBAND OR WIFE <u>DECEASED</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>WILL AUSTIN</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Peril Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage R. 1945</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) (Min.) _____		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>10-21</u> , 19 <u>49</u> , to <u>1-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-12</u> , 19 <u>50</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Guy J. Meredith II</u> (Degree or title)		23b. ADDRESS <u>401. F. Miss. Bldg Joplin</u>	
23c. DATE SIGNED <u>1-17-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>1-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkway Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. S. James 138</u>	
DATE REC'D BY LOCAL REG. <u>1-20-50</u>		REGISTRAR'S SIGNATURE <u>Guy J. Meredith II</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Hurlbert</u>		ADDRESS <u>Joplin</u>	

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

044

Merrill

FEB 1 1950

RECEIVED 1-23-50

Jasper County Health Office

County File Number 50-1-47

Date Filed 1-30-50

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 _____

working under my personal supervision.

Signed Dab Glover
Student Embalmer No. _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.