300
48

FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16086

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southeast Mo Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bollinger
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Scopus) 0290
d. STREET ADDRESS (If rural, give location): 4 m. west of Millersville

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): EATON
c. (Last): AUSTIN

4. DATE OF DEATH (Month) (Day) (Year): May 26 1950

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 18, 1900
9. AGE (In years last birthday): 50
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper
11. BIRTHPLACE (State or foreign country): Springfield Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Eaton
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Cad Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Cad Austin
ADDRESS: Millersville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 60 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hole in mesentery strangulated
DUE TO (c) (supp. report)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 5-25-50
19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

SUPPLEMENTAL INFORMATION REQUESTED

22. *I hereby certify that I attended the deceased from* May 23, 1950, *to* May 26, 1950, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. H. Kurbanoff M.D.
(Degree or title)
23b. ADDRESS: Jackson Mo
23c. DATE SIGNED: 5-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 27, 1950
24c. NAME OF CEMETERY OR CREMATORY: Limbaugh Cemetery
24d. LOCATION (City, town, or county) (State): 4 miles West Millersville Mo

DATE REC'D BY LOCAL REG.: 5-29-1950
REGISTRAR'S SIGNATURE: C. C. Summers M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: A. Miller
ADDRESS: Jackson

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 5 1950

[illegible] HEALTH OFFICE No

[illegible] 650-754

JUN 9 1950

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Gene C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, M

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

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