

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36609

BIRTH NO. REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5184 Registrar's No. 93

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|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY: <u>Cape Girardeau</u> | | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>White</u> <u>Rural</u> | | c. LENGTH OF STAY (In this place) <u>Whitewater</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Whitewater</u> | | d. STREET ADDRESS (If rural, give location) <u>2 miles West Millerville</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles West Millerville</u> | | | d. STREET ADDRESS (If rural, give location) <u>2 miles West Millerville</u> | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LED T.</u> b. (Middle) <u>AUSTIN</u> c. (Last) <u>AUSTIN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1951</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>Jan 2, 1877</u> | | 9. AGE (In years last birthday) <u>74</u> | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | | | | 11. BIRTHPLACE (State or foreign country) <u>Millerville Mo</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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| 13a. FATHER'S NAME <u>John Austin</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Annie Miller</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Vesta Crite Austin</u> | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Austin Jackson Mrs</u> | | | |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease</u> | | | | | | | |
| | | DUE TO (c) <u>V</u> | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asphyx</u> | | | | | | <u>B.M.D</u> | |

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|------------------------|--|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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| 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) | |
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| 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 Feb, 1950 to Nov 11, 1951, that I last saw the deceased alive on Feb, 1950, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

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|---|--|------------------------------------|--|-------------------------------------|--|
| 23a. SIGNATURE <u>W.D. To</u> (Degree or title) | | 23b. ADDRESS <u>Jackson Mrs</u> | | 23c. DATE SIGNED <u>11-14-51</u> | |
|---|--|------------------------------------|--|-------------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Nov. 13, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lombough Cemetery near Millerville Mo</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mo</u> | |
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| DATE REC'D BY LOCAL REG. <u>Nov 14 52</u> | | REGISTRAR'S SIGNATURE <u>W. G. Schubert</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. G. Schubert</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 20 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 *Lynnan Steele*.....

Licensed Embalmer No. *2476*.....

P. O. Address *Jackson 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.