

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3913

State File No.

050
1

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

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4025 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At. own home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Chester</u> c. (Last) <u>Autry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3- / 1 / 1952</u>	
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>Sept/6/1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years) (last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>5</u> DAYS <u>25</u> IF UNDER 24 HRS. Hours Min.
13a. FATHER'S NAME <u>Campbell Autry</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Shaw</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		14. NAME OF HUSBAND OR WIFE <u>Mrs Gertrude Autry</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gertrude Autry, Wheaton Mo.</u>		ADDRESS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>		<u>1 week</u>	
DUE TO (c) <u>Arteriosclerosis</u>		<u>10 years.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) m.	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>2/29</u> , 19 <u>52</u> , to <u>3/1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/29</u> , 19 <u>52</u> , and that death occurred at <u>9:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Fred R. Clark D.D.</u>		23b. ADDRESS <u>Wheaton Mo.</u>	23c. DATE SIGNED <u>3/4/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/5/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muncy Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>(2 Mi North Wheaton Mo.)</u>
DATE REC'D BY LOCAL REG. <u>3-7-1952</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Morris Pope Wheaton, Mo.</u>	

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 *James Kenneth Duncan*

Licensed Embalmer No. *4767*

P. O. Address *Wheaton 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.