

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4400

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City
c. LENGTH OF STAY (in this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 308 Adams Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cole
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City
d. STREET ADDRESS (If rural, give location) 308 Adams Street

3. NAME OF DECEASED (Type or Print)
a. (First) Frank b. (Middle) None c. (Last) Austeel
4. DATE OF DEATH (Month) (Day) (Year) Feb 15 1952

5. SEX Male 0 6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH July 16 1879
9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Callaway County, Mo. C
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Austeel
13b. MOTHER'S MAIDEN NAME Not Known
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo Landrum, Elston, Missouri
ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure
ANTECEDENT CAUSES (b) Inter-ventricular septal defect - vascular disease
DUE TO (c) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 4 2 2 1
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) (Minute)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1950, to Feb. 15, 1952, that I last saw the deceased alive on Jan. 6, 1952, and that death occurred at about 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Robert H. Tanner, M.D. (Degree or Title)
23b. ADDRESS Jefferson City
23c. DATE SIGNED 2-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb-17-52
24c. NAME OF CEMETERY OR CREMATORY Elston Cemetery
24d. LOCATION (City, town, or county) (State) Elston, Missouri

DATE REC'D BY LOCAL REG. Feb-16-1952
REGISTRAR'S SIGNATURE R. P. Darrin
FUNERAL DIRECTOR'S SIGNATURE Mrs. J. Gordon
ADDRESS Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

264

0264
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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 *Steph J. Jordan*

..... Licensed Embalmer No. *1386*

..... P. O. Address *Jefferson City 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.