No. 300
10.46

FILED MAY 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17001

State File No. 25-52-071

BIRTH NO. _____ REG. DIST. NO. 125 S PRIMARY REG. DIST. NO. 3127 Registrar's No. 72

492
0

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jane Chinn Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 2531 Empire

1495
1

3. NAME OF DECEASED (Type or Print)
a. (First): EMIL
b. (Middle): FREDERICK
c. (Last): AUGTER

4. DATE OF DEATH (Month) (Day) (Year): MAY 10 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 16, 1896

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 7, Days 34 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): engineer

10b. KIND OF BUSINESS OR INDUSTRY: LaFayette school

11. BIRTHPLACE (State or foreign country): Joplin, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: albert augter

13b. MOTHER'S MAIDEN NAME: Elizabeth Rhodenberger

14. NAME OF HUSBAND OR WIFE: Gladys augter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: Gladys Augter, **ADDRESS**: 2531 Empire

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) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 5 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated Duodenal ulcer — 5 da

DUE TO (c)

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: 5411

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?

22. *I hereby certify that I attended the deceased from* May 5, 1952, *to* May 10, 1952, *that I last saw the deceased alive on* May 10, 1952, *and that death occurred at* 11:17 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas. B. Joyce M.D.

23b. ADDRESS: Finance Bldg. Joplin

23c. DATE SIGNED: 5/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-13-52

24c. NAME OF CEMETERY OR CREMATORY: Park Memorial

24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 5-13-52

REGISTRAR'S SIGNATURE: Mrs Madeline Switzer

25. FUNERAL DIRECTOR'S SIGNATURE: Steve Parker Mortuary, **ADDRESS**: Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-19-52
Jasper County Health Office
County File Number 52/5/371
Date Filed 5-19-52

MAY 22 1952

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 F. M. Jones
Licensed Embalmer No. 2319
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.