

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23617

State File No. ....

FILED JUL 21 1952 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BOONE</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>COLUMBIA</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>COLUMBIA</b> <b>0105</b>	
c. LENGTH OF STAY (in this place) <b>7 yr</b>		d. STREET ADDRESS (If rural, give location) <b>803 Mikel St</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ellis Fischel State Cancer Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>TONY</b>	b. (Middle) <b>W</b>	c. (Last) <b>AUGUST</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 11 1952</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUGUST 14 1898</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Month <b>10</b> Day <b>27</b>	IF UNDER 24 HRS. Hours <b>10</b> Min. <b>00</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Ellis Fischel Hosp</b>	11. BIRTHPLACE (State or foreign country) <b>Dont know</b> <b>9</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>DONT KNOW</b>	13b. MOTHER'S MAIDEN NAME <b>DONT KNOW</b>	14. NAME OF HUSBAND OR WIFE <b>ETHEL AUGUST</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b> (If yes, give branch or dates of service)	16. SOCIAL SECURITY NO. <b>488-28-1508</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ETHEL AUGUST</b> ADDRESS <b>803 Mikel St.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Acute</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rupture Coronary artery</b> DUE TO (c) <b>Coronary sclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Old healed posterior gastroenterostomy 8 yrs</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) <b>Boone Boone Mo</b>
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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?
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22. I hereby certify that I attended the deceased from 10 to 9:30A, 1952, that I last saw the deceased alive on 19, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wright Sweet Jr MD Coroner 3</b>	23b. ADDRESS <b>909 University Columbia</b>	23c. DATE SIGNED <b>7/11/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JULY 13 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>COLUMBIA MO</b>
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DATE REC'D BY LOCAL REG <b>July 12 1952</b>	REGISTRAR'S SIGNATURE <b>Mrs R E Palmer 31-d</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILLET FUNERAL HOME</b> ADDRESS <b>Boone</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

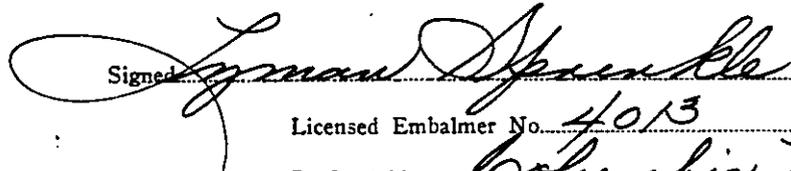
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~and~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4013

P. O. Address Columbia, 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.