

STANDARD CERTIFICATE OF DEATH

37863

State File No.

Registrar's No. 389

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

143

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. Partitions: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> d. STREET ADDRESS (If rural, give location) <u>404 W. 8th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>322 W. 9th Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Elwood</u> c. (Last) <u>Austin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 22-1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec. 20-1920</u>	9. AGE (In years last birthday) <u>31</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>2</u> IF UNDER 1 MIN. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>Laborer Refractory</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Refractory</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James R. Austin</u>	13b. MOTHER'S MAIDEN NAME <u>Bertie Pearl</u>	14. NAME OF HUSBAND OR WIFE <u>OK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY # <u>487-20-5679</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James R. Austin</u> ADDRESS <u>Chamow, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>bullet in chest fired by Dallas Davis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>skilled instantly</u>		
DUE TO (c)		DUE TO (c) <u>E981X</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"/>
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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.) <u>at residence</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton City Callaway Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 22 1952 2:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Barrett</u> (Degree or title) <u>3 Coronar</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>11/23/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Aubert Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Aubert, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 25-1952</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Ch. Bell Fulton, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

DEC 12 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.....

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working under my personal supervision.

Student Embalmer No.....

Signed

Harry T. Bell

Signed.....
Student Embalmer

Licensed Embalmer No. *4867*

P. O. Address *Fulton, 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.