

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11097**

FILED APR 1 1953

BIRTH NO. _____ REG. DIST. NO. **311** PRIMARY REG. DIST. NO. **4456** Registrar's No. **11**

930

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

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) Appleton City		c. CITY (If outside corporate limits, write RURAL and give township) Lowry City	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ellet Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Henry c. (Last) AUGSBURGER		4. DATE OF DEATH (Month) (Day) (Year) Mar, 24, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar, 13, 1875
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Hickory County Missouri
10b. KIND OF BUSINESS OR INDUSTRY Farming		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Augsburger		13b. MOTHER'S MAIDEN NAME Sarah Sharp		14. NAME OF HUSBAND OR WIFE Laura Augsburger	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Augsburger, Lowry City Mo.	

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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4201		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)		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 **20 Mar, 1953**, to **24 Mar, 1953**, that I last saw the deceased alive on **24 Mar, 1953**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Ellet M. D.		23b. ADDRESS Appleton City		23c. DATE SIGNED 24 Mar 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/26, 1953		24c. NAME OF CEMETERY OR CREMATORY Concord	
24d. LOCATION (City, town, or county) (State) Lowry City Missouri					

DATE REC'D BY LOCAL REG. Mar. 27, 1953		REGISTRAR'S SIGNATURE Chas. Abney 245-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Bradish, Concord, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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 J. B. Bradrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.