

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22317

State File No.

FILED JUN 22 1953

BIRTH NO.

REG. DIST. NO. 251

PRIMARY REG. DIST. NO. 3048

Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Nodoway			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (In this place) 6 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			d. STREET ADDRESS (If rural, give location) 0050		
3. NAME OF DECEASED (Type or Print) VERNA	a. (First)	b. (Middle) LOUISE	c. (Last) AUSTIN	4. DATE OF DEATH (Month) (Day) (Year) June 13 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1906	9. AGE (In years last birthday) 46	10. UNDER 1 YEAR Months 9 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher		10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (State or foreign country) Dillsboro, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Theodore Wulber		13b. MOTHER'S MAIDEN NAME Gertrude Veit	14. NAME OF HUSBAND OR WIFE Ernest S. Austin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	(If yes, give war or dates of service) ***	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ernest S. Austin		ADDRESS Tarkio, MO.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage & deep	INTERVAL BETWEEN ONSET AND DEATH				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	Essential Hypertension 3			
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			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		331X	
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 June 8, 1953, to June 13, 1953, that I last saw the deceased alive on June 13, 1953, and that death occurred at 7 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 6/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE June 15, 1953	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Tarkio, Mo.		
DATE REC'D BY LOCAL REG. 6-20-53	REGISTRAR'S SIGNATURE Hess Holt 279	25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home		ADDRESS Tarkio, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Jarkis, 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.