

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22603

FILED JUL 6 - 1953

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>144</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (in this place) <u>7 yr</u>		c. CITY OR TOWN <u>St. Charles</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>911 Vine St.</u>				e. STREET ADDRESS (If rural, give location) <u>911 Vine St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u> b. (Middle) _____ c. (Last) <u>AUTEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 19, 1900</u>		
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u>		IF UNDER 24 HRS. Hours <u>8</u> Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Fischer Body Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>White County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willis Auten</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Kennett</u>			14. NAME OF HUSBAND OR WIFE <u>Helen Ruth Auten</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489 09 1318</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Auten, St. Charles, Missouri</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>suicide</u>  ANTECEDENT CAUSES DUE TO (b) <u>Gun Shot Wound</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <u>39</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>976X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles St. Charles Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 27, 1953 1:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot Self with Gun</u>				
22. I hereby certify that I attended the deceased from <u>Funeral Home body from 27-53</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Marion Murphy Osborn</u>				23b. ADDRESS <u>Wentzville Mo</u>		23c. DATE SIGNED <u>June 27 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 30, 1953</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 30 1953</u>		REGISTRAR'S SIGNATURE <u>Charlie Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hackman - Bane</u>		ADDRESS <u>St. Charles Mo</u>		

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

SA  
JUN 22 1960

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.....  
Signature of Student Embalmer

Signed *Clarence M. Billa*

Licensed Embalmer No. *4375*

P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.