

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25886

FILED JUL 17 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> <u>0821</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>223 North Main St.</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>W.</u> c. (Last) <u>Autrey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 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 14, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (In years last birthday) <u>80</u> <u>1</u> <u>18</u> <u>0</u> <u>0</u> <u>0</u>
11. BIRTHPLACE (State or foreign country) <u>McDonnold Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Autrey</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Josie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs James W. Autrey, Louisiana, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Insufficiency, severe</u>		DUE TO (b) <u>Arteriosclerosis</u>		<u>1 wk</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Cardiovascular Dis</u>		<u>10+ yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia &amp; Aphasia</u>				<u>6 mo.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2-18, 1953, to 7-2, 1953, that I last saw the deceased alive on 7-1, 1953, and that death occurred at 2:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Swellman</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Louisiana, Mo.</u>	23c. DATE SIGNED <u>7-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>
24d. LOCATION (City, town, or county) <u>Louisiana, Mo.</u>		(State) _____
DATE REC'D BY LOCAL REG. <u>July 2, 1953</u>	REGISTRAR'S SIGNATURE <u>Bernice Carter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George O. Hayes Louisiana, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

MAKE A PERMANENT RECORD - USING BLACK INK - LEAVE UNFADING

JUL 20 1953

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, ~~XXX~~.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*George O. Wagner*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3773

P. O. Address Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.