

FILED APR 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8528**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **127**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin, Missouri</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>	c. CITY OR TOWN <b>Carl Junction</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>0490</b>			

3. NAME OF DECEASED (Type or Print) <b>Cleve Austin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 27th, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 30th, 1892</b>
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>27</b>	IF UNDER 1 YEAR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter &amp; Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Gravette, Arkansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>William H. Austin</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Hendren</b>	14. NAME OF HUSBAND OR WIFE <b>Roena Austin, Wife</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>557-18-715</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Roena Austin, Carl Junction, Missouri</b>	ADDRESS
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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, asphyxia, 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) <b>Uremia, Chronic</b>		<b>8 Mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephritis, Chronic</b> DUE TO (c) <b>Prostatic Hypertrophy and urinary obstruction</b>		<b>Undetermined</b> <b>5 years</b>
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 <b>6/10 X</b>	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **January, 1955**, to **March 27, 1955**, that I last saw the deceased alive on **March 27, 1955**, and that death occurred, at **8:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Deed or title) <b>Paul H. Gubb MD.</b>	23b. ADDRESS <b>Salina, Kansas</b>	23c. DATE SIGNED <b>3/30/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/20/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carl Junction Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carl Junction, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-2-55</b>	REGISTRAR'S SIGNATURE <b>James S. 138</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Low Jones</b>	ADDRESS <b>Carl Junction, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number  
Date Filed APR 4 1955

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 Harvey E. Arnce  
\_\_\_\_\_

Licensed Embalmer No. 446

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