

FILED JUN 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17051

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 186	
1. PLACE OF DEATH a. COUNTY Marion 0644				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Ill. b. COUNTY Pike 8120			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 4		c. LENGTH OF STAY (in this place) 2 Mo		c. CITY OR TOWN Hull		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Becky Thatcher Nursing Home				e. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) Oscar			b. (Middle) Arthur			c. (Last) Augustus	
4. DATE OF DEATH (Month) (Day) (Year) 6 - 3 - 1956							
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Nov 16, 1870	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Chillicothe, Ohio	
12. CITIZEN OF WHAT COUNTRY? US							
13a. FATHER'S NAME James Madison Augustus			13b. MOTHER'S MAIDEN NAME Margery Ann Beard			14. NAME OF HUSBAND OR WIFE Sue Augustus (D)	
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 Russell Sue Hull, Ill.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pneumonia bilateral DUE TO (b) Myocardial deg. DUE TO (c) Enteric fever				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 4 days 10 yrs 1 day.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		4222	
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 4/1, 1954, to 6/3, 1956, that I last saw the deceased alive on 6/3, 1956, and that death occurred at 11:35 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Russell M.D.				23b. ADDRESS Hull, Ill.		23c. DATE SIGNED 6/4/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-6-56		24c. NAME OF CEMETERY OR CREMATORY Kinderhook Cemetery		24d. LOCATION (City, town, or county) (State) Kinderhook, Mo.	
DATE REC'D BY LOCAL REG. 6-4-56		REGISTRAR'S SIGNATURE Dr. E. M. Luck		25. FUNERAL DIRECTOR'S SIGNATURE J. A. Clark		ADDRESS Hannibal, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 9 1956  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 9 1956

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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.....  


Licensed Embalmer No...4212

P. O. Address...annibal, M

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.