No. 300
10.48

FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5836

0883

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN Moberly 0883
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 709 South Fourth Street

3. NAME OF DECEASED (Type or Print)
a. (First) Ural
b. (Middle)
c. (Last) Austin

4. DATE OF DEATH (Month) (Day) (Year) March 3 1957

5. SEX female
6. COLOR OR RACE negro 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH September 12, 1900
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (City and State or Foreign Country) Renick, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Sam Collier
13b. MOTHER'S MAIDEN NAME Luthena Johnson
14. NAME OF HUSBAND OR WIFE Louis Austin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Luevenia Carter: Leavenworth, Kansas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease. — INTERVAL BETWEEN ONSET AND DEATH 8 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disease undiagnosed manifested by pruritis and skin lesions, incontinence of urine and
DUE TO (c) feces, weakness of legs, and diabetes mellitus from 1949 until 2 months before death.

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 443x
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-13-56 *19*__, *to* Mar 3, *19*57, *that I last saw the deceased alive on* Mar 2, *19*57, *and that death occurred at* 7 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Clarence Clohes (Degree or title) MD
23b. ADDRESS Moberly Mo
23c. DATE SIGNED Mar 8 57

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 3-6-1957
24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery
24d. LOCATION (City, town, or county) (State) Moberly, Missouri

DATE REC'D BY LOCAL REG. 3-6-57
REGISTRAR'S SIGNATURE Leah W Lowe
25. FUNERAL DIRECTOR'S SIGNATURE Tom B Patton ADDRESS Huntsville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tom B Patton

Licensed Embalmer No. 391

P. O. Address Huntsvi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.