...t. Health,
..., & Welfare
...S. Public
...th Service

S. 300
...v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028738
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 110 Primary Registration District No. 54... Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): New Haven — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Franklin
c. CITY OR TOWN: New Haven 0360 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Louis Middle: P. Last: Augustin

4. DATE OF DEATH: Month Sept. Day 10, Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: Feb. 28 1875
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 6 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): New Haven Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Philip Augustin
13b. MOTHER'S MAIDEN NAME: Clara Boehmer
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-42-6025
17. INFORMANT: Andrew Augustin Address: New Haven Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): General infirmities of
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): old age — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
DUE TO (c): 794X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from March 1956, to 10 Sep 58 and last saw ~~her~~ him alive on 8 Sep 58
Death occurred at 9 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R W Boggs, Dr
22b. ADDRESS: Washington, Mo
22c. DATE SIGNED: 11 Sep 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-13-1958
23c. NAME OF CEMETERY OR CREMATORY: Assumption Catholic
23d. LOCATION (City, town, or county) (State): New Haven Mo.

24. FUNERAL DIRECTOR — ADDRESS: L. C. Fertig & Son New Haven Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 12-1958
26. REGISTRAR'S SIGNATURE: Nettie Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

SEP 24 1958 NOV 7 1958

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 Earl C. Seitz

Licensed Embalmer No. 3385

P. O. Address New Haven

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.