

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042741

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3155

Health, Welfare, Public Service, 300, 1-56, All filices in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Saint Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kinloch		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kinloch 4091		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 528 Tuttle			Length of stay in lb YRS	d. STREET ADDRESS 528 Tuttle			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RANDY Middle AUSTEEN Last AUSTEEN				4. DATE OF DEATH Month Nov Day 29 Year 1958			
5. SEX Male 2	6. COLOR OR RACE Col	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4 Nov 1881		9. AGE (In years (last birthday)) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sausage Maker		10b. KIND OF BUSINESS OR INDUSTRY Meat Packing		11. BIRTHPLACE (City and state or country) Vaiden, Miss		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Culland Austeen				14. MOTHER'S MAIDEN NAME Charlotte Davis			
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. 489-05-9695		17. INFORMANT Address Charlotte Lewis Davis, Kinloch, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paralysis left of body Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 334X							INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> C
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 6:30 Month Nov Day 10 Year 1958							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 7-10-1954 to Nov. 1958 and last saw him alive on Nov 23-1958 Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. D. Dorseyn (Degree or title)				22b. ADDRESS 3506 Jefferson, Kinloch, Mo		22c. DATE SIGNED Nov 23-2-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Burial	6 Dec 58	Washington Park		Berkeley, Mo			
24. FUNERAL DIRECTOR Boyd Bros- Kinloch, Mo.			25. DATE RECD. BY LOCAL REG. 12-2-58		26. REGISTRAR'S SIGNATURE Herbert R. Danks, M.D.		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Henry Williams

Licensed Embalmer No. 478

P. O. Address St. Louis, Mo.

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