

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24854

State File No. \_\_\_\_\_

Registration District No. 151

Primary Registration District No. 5215

Registrar's No. 107

1. PLACE OF DEATH:

(a) County CASS  
(b) City or town Rural, Coldwater Township.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Does Not Apply.  
(Specify whether  
In this community Entire life.  
years, months or days)

3. (a) PRINT FULL NAME AUGUSTA CURTIS CORE. 600

3. (b) If veteran, name war. None. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Unmarried. 6. (c) Age of husband or wife if alive XXXXX years

7. Birth date of deceased April, 27, 1883.  
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Coldwater Twp Cass Co. Mo. A  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business At home.

MOTHER FATHER { 12. Name Charles M. Core.

13. Birthplace Penn.  
(City, town, or county) (State or foreign country)

14. Maiden name Ida M. Harper.  
15. Birthplace Ohio.  
(City, town or county) (State or foreign country)

16. (a) Informant's own signature Luster Core

(b) Address Lisle, Missouri.

17. (a) Burial. (b) Date thereof July, 4, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Cemetery.

18. (a) Signature of funeral director [Signature]

(b) Address Drexel, Missouri.

19. (a) 7-4-40 (b) Mabel Huston.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass.  
(c) City or town Rural, Coldwater Township.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8 miles N/E of Drexel, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3  
year 1940 hour \_\_\_\_\_ minute a.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Drowned in well  
most likely accidental, but

Due to could have been suicide

Due to \_\_\_\_\_

Other conditions 18 30  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 7-3-40 Early A.M.

(c) Where did injury occur? 7 mi. NE. of Drexel, Mo.  
(City or town) (County) (State) (Mile or other)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On farm

While at work? yes (Specify type of place) (e) Means of injury Falling well.

23. Signature Ernest R. [Signature] (M.D. or other)

Address Harrisonville Mo. Date signed 7/3/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

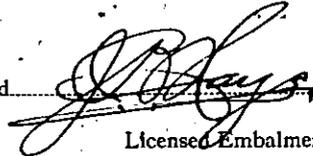
I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

anyone else. Not Embalmed.

Registered Apprentice No.....

~~working under my personal supervision.~~

Signed.....



Licensed Embalmer No. 1950

P. O. Address St. Joseph - 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 this body is not embalmed, above space should be left blank.**