

FILED 027/19 1945

Primary Registration District No. 3005

79 / 2

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

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Minutes
(Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town RFD, Butler
(If outside city or town limits, write "RURAL")
(d) Street No. Mt. Pleasant Sup.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Ardith Lucille Austin

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Burnham Austin
6. (c) Age of husband or wife if alive 4 years 1900
7. Birth date of deceased June (Month) 4 (Day) 1900 (Year)

8. AGE: Years Months Days If less than one day
45 3 24 hr. min.

9. Birthplace Lockwood, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Payton Pidcock

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

14. Maiden name Gille Platt

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Austin

(b) Address RFD, Butler

17. (a) Burial (b) Date thereof 10-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Missouri

19. (a) 10-2-45 (b) Pauline Cumpston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 28
year 1945 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from May 10 to Sept. 28, 1945.
that I last saw him alive on Sept 28 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cerebral hemorrhage

Due to chronic nephritis & hypertension

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1318
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (b) Means of injury
23. Signature J. D. Lutter (M. D. or other)
Address Butler, Mo Date signed 10-2-45

1306

JUL 24 1950

RECEIVED

Dist. Health Officer No. 7,

Dist. No. 9-45-998

Date filed 10-18-45

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

John G. Underwood
Licensed Embalmer No. 3585
P. O. Address *Butler, 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, fact should be so stated above.