

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **25177**  
Registrar's No. **50**

Registration District No. **340**

Primary Registration District No. **6152**

**1. PLACE OF DEATH**

(a) County **Stoddard**  
(b) City or town **Bernie Route 1**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: **10 years** In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME **AUGUSTUS WILBURN MAUSEY**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Bertha Mausey** 6. (c) Age of husband or wife if alive **68** years  
7. Birth date of deceased **not** **6** **1872**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **24** If less than one day hr. min.

9. Birthplace **Halltown County** **Ill.** **1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_  
12. Name **Charles Mausey**  
13. Birthplace **unknown** **Ill.** **Ill.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **Ill.** **Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo. Mausey**  
(b) Address **Bernie, Route 1**

17. (a) ~~Bernie, Rural~~ Date thereof **Aug 1, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Bernie, Mo.**

18. (a) Signature of funeral director **Linden Funeral Home**  
(b) Address **Campbell Missouri**

19. (a) **8-6-48** (Date received local registrar)  
(b) **Delma J. Jensen** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Stoddard**  
(c) City or town **Bernie - Route 1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **30**  
year **1948** hour **7** minute **A.** M.

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

Immediate cause of death **Heart disease (myocarditis)**

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: Of operations **936**  
Of autopsy \_\_\_\_\_  
Underline the cause of 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)

23. Signature **St. Lawrence** (M.D. or other) **Ch.**  
Address **Defton, Mo.** Date signed **7-30-48**

MOTHER FATHER

RECEIVED  
District Health Office No.  
District File Number 848-10  
Date Filed 8-9-48

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 *Christina M. Landers*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.