

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35350**

FILED OCT 25 1948

347

Primary Registration District No. **6168**

Registrar's No. **48**

1. PLACE OF DEATH:

- (a) County **Stone**  
(b) City or town **Rural "Lincoln"**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Richard A. Austin**

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 \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased **May 4 1871**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **4** Days **21** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Unknown** 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown** 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Richard A. Austin Jr.** (b) Address **Clay Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9/27/48** (Month) (Day) (Year)

- (c) Place: burial or cremation **Nolan**

18. (c) Signature of funeral director **Shay H. Mankin**

- (b) Address **Crane Mo**

19. (a) **Oct-4-48** (Date received local registrar) (b) **Lena Murray - Dep.** (Registrar's signature) **21/6**

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **25** year **1948** hour \_\_\_\_\_ minute **64** M.

21. I hereby certify that I attended the deceased from **Sept 1** 1948 to **Sept 25** 1948; that I last saw him alive on **Sept 27** 1948; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis** Duration **4 yr.**

Due to **Arteriosclerosis** **10 yr.**

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

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

Other conditions \_\_\_\_\_ (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) \_\_\_\_\_

- (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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature **H. L. Terr** (M. D. or other) \_\_\_\_\_

Address **Crane Mo** Date signed **9-26-48**

RECEIVED  
District Health Officer No. 6;  
District File Number 1048-1181  
Date Filed 10-23-48

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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 George H. Maulore  
Licensed Embalmer No. 3827  
P. O. Address Chane 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.