

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37447

State File No.

FILED NOV 22 1948

Registration District No. 22

Primary Registration District No. 5820

Registrar's No. 20

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Madison mo
(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 CLAUDE CLIFFORD AUSTIN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Austin 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Nov. 18 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name unknown 9

13. Birthplace unknown 1

14. Maiden name unknown 4

15. Birthplace unknown 4

16. (a) Informant C. Austin

(b) Address Madison mo

17. (a) (b) Date thereof 10-31-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanley Cemetery

18. (a) Signature of funeral director W. T. Emerson

(b) Address Janeshara Ark

19. (a) Oct 30 1948 (b) Mr. Byron Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County New Madrid
(c) City or town Madison (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 10 day 29 year 1948 hour 6 minute 16 P.M.

21. I hereby certify that I attended the deceased from 6-4-48 to 10-29-48 that I last saw him alive on 10-29-48 and that death occurred on the date and hour stated above.

Immediate cause of death uremia Poisoning Duration

Due to Chronic Nephritis, and Hardening of Arteries. 3 yrs

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

23. Signature J. C. Carlton (M. D. or other)

Address Madison Date signed 10/30/48

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

MOTHER FATHER

RECEIVED

District Health Office - No. 2,

District File Number 1148-1552

Date Filed 11-19-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.