

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23871

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD 50

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 5588		Registrar's No. 133	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Reeds</u>		c. LENGTH OF STAY (in this place) <u>10 MIN.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Reeds</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 2 - 1949</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>DA BRAGDON'S OFFICE</u>				d. STREET ADDRESS (If rural, give location) <u>Route 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILL</u>			b. (Middle) _____			c. (Last) <u>AUSTIN</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>Oct 8 - 1875</u>	
9. AGE (In years last birthday) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANK W. KNEEL - Carthage, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic valvular heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>24 July, 1949</u> , to <u>2 Aug, 1949</u> , that I last saw the deceased alive on <u>2 Aug, 1949</u> , and that death occurred at <u>4:35 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George N. Bragdon (MD)</u>				23b. ADDRESS <u>Reeds, Mo</u>		23c. DATE SIGNED <u>Aug 2/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 5 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>CARTHAGE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 4 - 1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. KNEEL</u>		ADDRESS <u>MORTUARY - Carthage, Mo</u>	

Per. N. Ferguson M.D. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-9-49

Jasper County Health Office

County File Number 49-7-606

Date Filed 8-13-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Frank W. Knull

Signed _____
Student Embalmer

Licensed Embalmer No. 4440

P. O. Address Carthage

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.