

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36153**

BIRTH NO. 70024-49 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 854

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>	
c. LENGTH OF STAY (In this place) <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stickler Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Albert</u>	b. (Middle) <u>John</u>	c. (Last) <u>Ausmus</u>	<u>12-2-49</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>12-2-19</u>		9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>35</u> IF UNDER 24 HRS. Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>L</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Mitchell Ausmus</u>	13b. MOTHER'S MAIDEN NAME <u>Irene Correia</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irene Correia</u> ADDRESS <u>Kirksville, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs. 35m.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature Birth</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7 1/2 25</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-2, 1949, to 12-2, 1949, that I last saw the deceased alive on 12-2-49, 1949, and that death occurred at 5:05P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. O. Stickler M.D.</u>	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>12-2-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>	24d. LOCATION (City, town, or county) (State) <u>La Plata, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-4-49</u>	REGISTRAR'S SIGNATURE <u>W. Tate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> ADDRESS <u>Kirksville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No
District File Number 12-49-2
Date Filed DEC 10 1949

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 Robert B. Davis

Signed _____
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.