

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43941

State File No. \_\_\_\_\_

BIRTH NO. 333 REG. DIST. NO. 3074 PRIMARY REG. DIST. NO. 3074 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chapter Oak</u>	
c. LENGTH OF STAY (in this place) <u>4 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Box 26</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Sue</u> c. (Last) <u>Austin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 31 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>12-14-1949</u>		9. AGE (In years last birthday) <u>14</u>		IF UNDER 1 YEAR Months <u>14</u> IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>New Madrid Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Burl Austin</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Youbon</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Father, Burl Austin</u> ADDRESS _____	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</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.		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>2 weeks</u> <u>7 to 25</u>	
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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) (Min.)		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 12-29, 1949, to 12-31, 1949, that I last saw the deceased alive on 12-30, 1949, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Hunter</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Streator Mo.</u>		23c. DATE SIGNED <u>1-5-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2nd JAN 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARPENTER'S</u>		24d. LOCATION (City, town, or county) (State) <u>GRANT CITY, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 23-50</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>		FUNDRAISER'S SIGNATURE <u>Taylor Funeral Home</u>		ADDRESS <u>Streator, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 30 19  
District Health Office No  
District File Number 150 -  
Date Filed

**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 J. E. Middle  
Licensed Embalmer No. 4695

Signed.....  
Student Embalmer

P. O. Address Shelton, 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.