

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH0257 23038
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>5</u>		PRIMARY REG. DIST. NO. <u>5240</u>		Registrar's No. <u>227</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Cedar WASHINGTOWN</u>		c. LENGTH OF STAY (In this place) <u>SHINGTOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Cedar WASHINGTON</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>10 Mi N.W. Stockton, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Laura</u>		b. (Middle) <u>Roby</u>		c. (Last) <u>Austin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1950</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 2, 1876</u>		9. AGE (In years last birthday) <u>74</u>	10. IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</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>Martin Roby</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sam Austin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Marguerite Eldorado Sp...</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>Carcinoma of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>months</u> <u>151X</u>	
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 <u>6.1.1950</u> , to <u>7.17.1950</u> , that I last saw the deceased alive on <u>7.17.1950</u> , and that death occurred at <u>3:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. B. Richter M.D.</u>				23b. ADDRESS <u>Stockton Mo</u>		23c. DATE SIGNED <u>7-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/23/50</u>		24c. NAME OF CEMETERY <u>Hackleman</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-29-50</u>		REGISTRAR'S SIGNATURE <u>Genevieve Morrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John A. Pantlow, Stockton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 2 1950

Dist. File 850-920

Date Filed 8-5-50

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.

Student _____
Student Embalmer

Signed

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, M.

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.