

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 21 1950

State File No. 36650

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 170

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

3. NAME OF DECEASED (Type or Print)	a. (First) Birt	b. (Middle) (none)	c. (Last) Austin	4. DATE OF DEATH (Month) (Day) (Year)
				Nov. 10 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 7 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY (Retired)	11. BIRTHPLACE (State or foreign country) Gentry Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME S. S. Austin	13b. MOTHER'S MAIDEN NAME Margaret Hill	14. NAME OF HUSBAND OR WIFE Barbra Dora
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Birt Austin	ADDRESS Albany Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		INTERVAL BETWEEN ONSET AND DEATH 3 mos.
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Jan. 1, 1950**, to **Nov. 9, 1950**; that I last saw the deceased alive on **Nov. 9, 1950**, and that death occurred at **1:50 A. M.**, from the causes and on the date stated above.

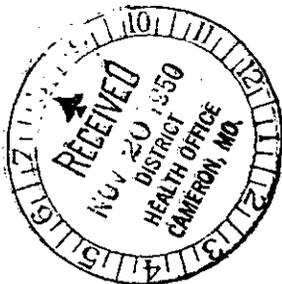
23a. SIGNATURE C. J. Pray, D.O. (Degree or title)	23b. ADDRESS Albany, Mo.	23c. DATE SIGNED 11-14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 12-1950	24c. NAME OF CEMETERY OR CREMATORY Grandview	24d. LOCATION (City, town, or county) (State) Albany Missouri
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DATE REC'D BY LOCAL REG. Nov 17 - 1950	REGISTRAR'S SIGNATURE Edith Sehelder 430	25. FUNERAL DIRECTOR'S SIGNATURE Shiffert ADDRESS Albany Mo
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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 me

Student Embalmer No. _____

working under my personal supervision.

Signed Clifford Brooks

Signed _____
Student Embalmer

Licensed Embalmer No. 3329

P. O. Address Albany 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.