

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7369

BIRTH NO. _____		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 6281		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Van Buren Twp				c. LENGTH OF STAY (in this place) 81 Yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Van Buren Twp			
				f. STREET ADDRESS (If rural, give location) 7 Mi. East Hartville, Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) Isibelle		b. (Middle) Austin		c. (Last) Austin	
4. DATE OF DEATH		2		9		1951	
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-11-1865		9. AGE (in years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Bob Gray		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE C. B. Austin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME E. S. Austin Hartville, Mo.			
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) Myocarditis, Chronic ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 Not known Not known 4221	
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)		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 10:00, 1950, to 10:00, 1951, that I last saw the deceased alive on 10:00, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE E. S. Austin				23b. ADDRESS Mountain View, Mo.		23c. DATE SIGNED 17 Feb 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-11-1951		24c. NAME OF CEMETERY OR CREMATORY Coon Creek		24d. LOCATION (City, town, or county) (State) Wright County	
DATE REC'D BY LOCAL REG. 2/20/1951		REGISTRAR'S SIGNATURE E. S. Austin		25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holden Hartville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 24 1951  
WRIGHT CO. HEALTH DEPT.  
County File Number 251-16  
Date Filed Feb. 24, 1951

### 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 Gene E. Aldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.