

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29313
State File No. 6252
Registrar's No. 6

BIRTH NO.		REG. DIST. NO. 369		PRIMARY REG. DIST. NO. 6251		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Wayne b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Leeper Mill Spring c. LENGTH OF STAY (in this place) 11/0 d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leeper d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Oland c. (Last) Austin		4. DATE OF DEATH (Month) 8 (Day) 13 (Year) 1951		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Aug. 15, 1876		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months 11 Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tuckerman Ark.		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME Daniel Austin		13b. MOTHER'S MAIDEN NAME Sarah Brown		14. NAME OF HUSBAND OR WIFE Tina Austin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME William M. Austin ADDRESS 2305 S. Compton St. Leeper, 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) Hypertension Antecedent Causes Morbid 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 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		446X	
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) m.		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 1949 to 8-13-1951, that I last saw the deceased alive on 8-12-1951, and that death occurred at 12:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE L. E. Fanning M.D. (Degree or title)		23b. ADDRESS Leeper, Mo.		23c. DATE SIGNED 8-12-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-15-1951		24c. NAME OF CEMETERY OR CREMATORY Clay Cemetery		24d. LOCATION (City, town, or county) (State) Leeper, Wayne, Mo.	
DATE REC'D BY LOCAL REG Aug. 14, 1951		REGISTRAR'S SIGNATURE Hazel Ward 460		25. FUNERAL DIRECTOR'S SIGNATURE William Cooker ADDRESS Fredmont, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 10 1951

WAYNE CO. HEALTH CENTER

FILE NO. 951-57

OCT 4 1951

1-10
1951

OK

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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

William Coder

Licensed Embalmer No.

3723

P. O. Address

Bedmont, N.C.

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.