

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29740

BIRTH NO. _____		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>3240</u>		Registrar's No. <u>26</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 - Washington</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington</u>		0200	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>7 Mi N. W. of Stockton, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>SAMUEL</u>		a. (First) <u>J.</u>		b. (Middle) <u>AUSTIN</u>		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 7, 1859</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chas. C. Austin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cline</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.C. Austin, Esq., Mills, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>yes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794X</u>				20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Sept 4</u> , 19 <u>51</u> , and that death occurred at <u>2:00 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. B. Richter M.D.</u>				23b. ADDRESS <u>Stockton, Mo.</u>		23c. DATE SIGNED <u>9-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hackleman</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-13-51</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon</u>		ADDRESS <u>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 SEP 18 1951
Dist. File _____
Date Filed _____

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED SEP 18 1951
Dist. File 931-1693
Date Filed 9-28-51

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 _____

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student

Richard W. Bandall
Student Embalmer

Signed

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address

Stockton, 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.