

FILED OCT 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32397

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4455</u>		State File No. _____		Registrar's No. <u>71</u>			
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>							
b. CITY OR TOWN <u>MIN GROVE TOWNSHIP</u> <small>(If not corporate limits, write RURAL and give township)</small>				c. CITY OR TOWN <u>MIN GROVE TOWNSHIP</u> <small>(If not corporate limits, write RURAL and give township)</small>							
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ZELLA</u> b. (Middle) _____ c. (Last) <u>AUSTIN</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>SEP 19, 1951</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 30, 1907</u>		9. AGE (In years last birthday) <u>44</u> Months <u>3</u> Days <u>19</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____				10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>WRIGHT CO. MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>JOHN RUMFELT</u>				13b. MOTHER'S MAIDEN NAME <u>FANNIE COPE</u>				14. NAME OF HUSBAND OR WIFE <u>JOHN 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 <u>John Austin</u> ADDRESS <u>mtn grove, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension (Malignant)</u> ANTECEDENT CAUSES Morbidity 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>Not known</u>							
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4455</u>					
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 <u>8-28</u> , 1951, to <u>Sept 19</u> , 1951, that I last saw the deceased alive on <u>18 Sept</u> , 1951, and that death occurred at <u>8:00 PM</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Edw. C. ...</u> (Degree or title) _____				23b. ADDRESS <u>Mountain Grove, Mo.</u>				23c. DATE SIGNED <u>20 Sept 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILL CREST</u>		24d. LOCATION (City, town, or county) (State) <u>MIN GROVE, MO.</u>					
DATE REC'D BY LOCAL REG. <u>9-25-51</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		348		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grable-Windup</u> ADDRESS <u>mtn. grove, mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEPT.
County File Number 1051-95
Date Filed Oct. 6, 1937

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

Frank Shable

Licensed Embalmer No. 4140

P. O. Address

mtn Grove, 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.