S. No. 300
V. 10.48

FILED FEB 19 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5348 State File No. 4455

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5347 Registrar's No. 7

0300

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Louisburg Grant Twp
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Louisburg 0300
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) — c. (Last) Austin

4. DATE OF DEATH (Month) (Day) (Year) 2-13-1952

5. SEX M O
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 11-12-1870
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months 3 Days 1 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Dallas Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Austin
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Emma Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Emma Austin ADDRESS Louisburg, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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) m.
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* 2-8, 1952 *to* 8-13, 1952 *that I last saw the deceased alive on* 8-8, 1952, *and that death occurred at* 4:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Buffalo Mo
23c. DATE SIGNED 2-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-15-1952
24c. NAME OF CEMETERY ~~OR CREMATORY~~ New Hope
24d. LOCATION (City, town, or county) Dallas Co. (State) Mo.

DATE REC'D BY LOCAL REG. 2-15-52
REGISTRAR'S SIGNATURE Grace Petrus 80
25. FUNERAL DIRECTOR'S SIGNATURE Montgomery Vaughan ADDRESS Buffalo Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Clyde Montgomery

Signed.....
Student Embalmer

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.