S. No. 300
v. 10.48

FILED MAY 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12199

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 151

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 17 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton 0143
d. STREET ADDRESS (If rural, give location): 610a Court St.,

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): H.
c. (Last): Austin

4. DATE OF DEATH (Month) (Day) (Year): April 27 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept-25-1881
9. AGE (In years last birthday): 70 — If under 1 year: Months 7 Days 2 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter and Restuarant
10b. KIND OF BUSINESS OR INDUSTRY: ___
11. BIRTHPLACE (City and State or Foreign Country): Callaway Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John L. Austin
13b. MOTHER'S MAIDEN NAME: Eliza J. Robison
14. NAME OF HUSBAND OR WIFE: Cordie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War #1
16. SOCIAL SECURITY NO.: ___
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Cordie Austin — ADDRESS: Fulton, 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): Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 18 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive Cardio-Vascular Disease — Unknown
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: ___
443 X
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* 4-10-, 1952, *to* 4-27-, 1952, *that I last saw the deceased alive on* 4-26, 1952, *and that death occurred at* 1:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Andrew S. Lanier, M.D.
23b. ADDRESS: Fulton, Missouri
23c. DATE SIGNED: 5-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr, 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Wellsville Cem.
24d. LOCATION (City, town, or county) (State): Wellsville Mo

DATE REC'D BY LOCAL REG.: May 1-1952
REGISTRAR'S SIGNATURE: Maretta Lawrence 426-3
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Wallace Funeral Home, Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 1962

MAY 9 1962

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.