

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16051

16051

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4194		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY OR TOWN Albany				c. CITY OR TOWN Rural 1410			
d. FULL NAME OF HOSPITAL OR INSTITUTION Fay's Nursing Home				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Calvin		c. (Last) Austin	
4. DATE OF DEATH		(Month) May		(Day) 11		(Year) 1952	
5. SEX Male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED ☒ (Specify)		8. DATE OF BIRTH April 19, 1866	
9. AGE (In years last birthday) 86		10. UNDER 1 YEAR Months 22		11. BIRTHPLACE (State or foreign country) Gentry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
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) Gentry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Shelton Austin		13b. MOTHER'S MAIDEN NAME Margaret Elizabeth		14. NAME OF HUSBAND OR WIFE Laura Dell Darby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Earl Austin, Albany, 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) Arterio-sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) cerebral hemorrhage 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 years 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR?	
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 April 1, 1952, to May 11, 1952, that I last saw the deceased alive on May 11, 1952, and that death occurred at 12:25 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Frank H. Rose M.D.				23b. ADDRESS Albany, Mo.		23c. DATE SIGNED 5-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5/11/52		24c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery		24d. LOCATION (City, town, or county) (State) Lone Star Mo.	
DATE REC'D BY LOCAL REG. May 15-52		REGISTRAR'S SIGNATURE Maudie Williams		25. FUNERAL DIRECTOR'S SIGNATURE Clifford Brooks		ADDRESS Albany 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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. 3329

P. O. Address Albany 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.