No. 300
10.48

FILED AUG 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23967

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 186

264
0

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Rural~~ Jefferson City
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0260
d. STREET ADDRESS (If rural, give location): 2miles West Of Brazito,Mo

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

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

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 5,1911
9. AGE (In years last birthday): 41 — If under 1 year: Months 3, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Edge Trimmer
10b. KIND OF BUSINESS OR INDUSTRY: International Shoe Co.
11. BIRTHPLACE (State or foreign country): Jefferson City,Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Raymond Austin
13b. MOTHER'S MAIDEN NAME: Hettie Howard
14. NAME OF HUSBAND OR WIFE: Mary Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 490-07-2640
17. INFORMANT'S SIGNATURE OR NAME: Mary Austin — **ADDRESS**: Jefferson City,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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull with Severe Brain Damage

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Bullet Wound

DUE TO (c) E9195 14

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fractured Skull

19a. DATE OF OPERATION: 7-26-52
19b. MAJOR FINDINGS OF OPERATION: Brain Damage due to Bullet
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident Highway 54
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Jefferson City
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cole Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 26-1952 1:30 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Gunshot City Police

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* July 26, 1952, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.G. Bruce (Degree or title) M.D. Coroner
23b. ADDRESS: 234 Madison Jefferson City Mo.
23c. DATE SIGNED: 7/30/52

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

DATE REC'D BY LOCAL REG.: July 30-1952
REGISTRAR'S SIGNATURE: R. P. Dorris MD-MR
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buschen
ADDRESS: Jefferson City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 25 19[illegible]

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 Victor Bruschke

Licensed Embalmer No. 3701

P. O. Address Jefferson City, [illegible]

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.