

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 232	
1. PLACE OF DEATH a. COUNTY Boone <i>0105</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone <i>0100</i>			
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Hallsville		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) JULIA		b. (Middle) ANN		c. (Last) AUSTENE	
				4. DATE OF DEATH August 22, 1952			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <i>2</i>		8. DATE OF BIRTH Feb. 6, 1868	
				9. AGE (In years last birthday)		9. AGE (In years last birthday)	
				10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	
				11. BIRTHPLACE (State or foreign country) Hallsville, Missouri. <i>0</i>		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Samuel McMinn			13b. MOTHER'S MAIDEN NAME Susan Rouse			14. NAME OF HUSBAND OR WIFE Benjamin Parker Austene	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sam Austene, Hallsville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia					Unknown
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Arteriosclerosis					Unknown
		DUE TO (c) Arteriosclerosis general					Unknown
		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					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
							446X
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) (Min.)		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 Aug 5, 1952 to Aug 27 1952 ; that I last saw the deceased alive on Aug 22, 1952 and that death occurred at 11:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles W. Seale, M.D.				23b. ADDRESS Columbia Mo.		23c. DATE SIGNED 8-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 24, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		24d. LOCATION (City, town, or county) (State) Boone County, Missouri.	
DATE REC'D BY LOCAL REG. Aug 24 1952		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer <i>312</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia Mo.			

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

Paul L. Garing

Signed.....

Student Embalmer

Licensed Embalmer No. *4132*

P. O. Address *Salisbury, N.C.*

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.