

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28597

FILED AUG 28 1952
BIRTH NO. 52348 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 121

537

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartville Rural 1140</u> | |
| c. LENGTH OF STAY (in this place) <u>5 days</u> | | d. STREET ADDRESS (If rural, give location) <u>R R # 5</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u> b. (Middle) <u>William</u> c. (Last) <u>Austin</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15, 1952</u> |
| 5. SEX <u>Male</u> | 6. COLOR OF RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>Aug. 10, 1952</u> |
| 9. AGE (In years last birthday) <u>—</u> | | 10. MONTHS <u>—</u> | 11. DAYS <u>5</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTH PLACE (State or foreign country) <u>U.S.A.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>William Austin</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Verita Jones</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>William Austin</u> | | ADDRESS <u>Hartville Mo.</u> | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>extremely emaciated at birth - wt. 4 lb. 5 oz.</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>776x</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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) | | 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 <u>8-10-1952</u> to <u>8-15-1952</u> , that I last saw the deceased alive on <u>8-14, 1952</u> , and that death occurred at <u>1: A. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>B. B. Hurst, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Lebanon, Mo.</u> | |
| 23c. DATE SIGNED <u>8-16-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8/16/52</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>M. Bride Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>near Competition, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>8-17-1952</u> | | REGISTRAR'S SIGNATURE <u>Hella L. Gray</u> | |
| 25. FURNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u> | | ADDRESS <u>Lebanon Mo.</u> | |

