

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9531

State File No.

FILED APR 10 1953

REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 65

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> <u>0105</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Kappa Kappa Gamma Sorority</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Dorothy</u>		b. (Middle) <u>Clemens</u>	
c. (Last) <u>Austin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 17, 1895</u>
9. AGE (In years last birthday) <u>58</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11. BIRTHPLACE (State or foreign country) <u>Davenport, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housemother</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sorority House</u>	
13a. FATHER'S NAME <u>David Clemens</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Munsey</u>	
14. NAME OF HUSBAND OR WIFE <u>J. Lloyd Austin (Dec)</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John E. Austin Trenton, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized metastatic adenocarcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>13 months</u> ANTECEDENT CAUSES DUE TO (b) <u>Adenocarcinoma of transverse colon</u> Interval <u>16 months</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>	
19a. DATE OF OPERATION <u>Feb. 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of transverse colon, excised. Regional lymph nodes involved</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>Feb 9, 1953</u> , to <u>April 4, 1953</u> , that I last saw the deceased alive on <u>April 3, 1953</u> , and that death occurred at <u>2:55 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. L. Clark M.D.</u>		23b. ADDRESS <u>Trenton, Missouri</u>	
23c. DATE SIGNED <u>4-6-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Trenton, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gipson-Oyler Trenton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-6-53</u>		REGISTRAR'S SIGNATURE <u>Gene Fair</u>	

JUN 8 1958

APR 28 1958

MAR 26 1958

MAY 4 1958

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 Maurice Ogles

Licensed Embalmer No. 4442

P. O. Address Trenton, 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.