

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13743**

FILED MAY 6 1953

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **5373** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY DeKalb				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville (Rural) W. Camden Twp. c. LENGTH OF STAY (in this place) 25 yrs.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville (Rural) W. Camden Twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0320			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) JOHN		b. (Middle) HURLEUT		c. (Last) AUSTIN	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 28 1879	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		4. DATE OF DEATH (Month) (Day) (Year) Apr. 20 1953	
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) St. Joseph Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME John W. Austin			
13b. MOTHER'S MAIDEN NAME Anna Nash				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Edine Austin, Maysville 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) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) _____ 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			
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20. DATE SIGNED 4/21-53			
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 May 19, 1953 , to Apr 20, 1953 , that I last saw the deceased alive on Apr 19, 1953 , and that death occurred at 1:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. J. H. ...				23b. ADDRESS Maysville Missouri		23c. DATE SIGNED 4/21-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/23-1953		24c. NAME OF CEMETERY OR CREMATORY Ashland		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.	
DATE REC'D BY LOCAL REG. 5-4-53				REGISTRAR'S SIGNATURE Lescoe Davidson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FILCHER FUNERAL HOME MAYSVILLE 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

C.T. Pilcher
C.T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Missouri

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.