

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 24

FILED APR 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>5776</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			d. STREET ADDRESS (If rural, give location) <u>8</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornelia</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Austin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 18-53</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>Jan. 11, 1870</u>		9. AGE (In years last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co., Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Madison Thorp</u>		13b. MOTHER'S MAIDEN NAME <u>Electia Hatch</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clarence Griggsby</u>		ADDRESS <u>Princeton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic rheumatic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
II. OTHER SIGNIFICANT CONDITIONS* <u>Fracture of hip from fall</u>		DUE TO (c) _____		2 weeks	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: <u>140 4200 F</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Son's home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Spickard Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Apr 5, 1953</u> to <u>April 18, 1953</u> , that I last saw the deceased alive on <u>April 18, 1953</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Marion Lambert M.D.</u>		(Degree or title) _____		23b. ADDRESS <u>Princeton, Mo.</u>	
23c. DATE SIGNED <u>4/22/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-21-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairley Ceme</u>		24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Funeral Home Princeton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-24-53</u>		REGISTRAR'S SIGNATURE <u>393-1</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

0650
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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

Jean Martin

Licensed Embalmer No.

3760

P. O. Address

Pericaton, 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.