

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18981

State File No. ....

FILED JUN 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 156

883  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>Cairo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Rt. 2 # 0880</u> <u>Cairo</u> <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u> b. (Middle) <u>MERLE</u> c. (Last) <u>AUSTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June - 8 - 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Dec - 16 - 1880</u>		9. AGE (In years, last birthday) (If under 1 year: Months) (If under 2 hrs.: Hours) (Mts.) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mitchellville Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Nathan L. Blood</u>		13b. MOTHER'S MAIDEN NAME <u>Laura A. Blood</u>	14. NAME OF HUSBAND OR WIFE <u>Charles H. Austin</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 ADDRESS <u>Robert Austin Cairo 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, asthenia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Transverse Colon.</u>		
			DUE TO (c) <u>Colloid goiter</u>		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive cardiovascular disease</u>		
19a. DATE OF OPERATION <u>4 June 53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca Colon - Intest. Obstruct.</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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>153x</u>		
22. I hereby certify that I attended the deceased from <u>4 June, 1953</u> , to <u>8 June, 1953</u> that I last saw the deceased alive on <u>8 June, 1953</u> , and that death occurred at <u>8:10 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. R. ...</u> (Degree or title)			23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>8 June 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June - 10 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Cairo Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-10-53</u>		REGISTRAR'S SIGNATURE <u>Carroll ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>... Home Moberly Mo</u>	

JUL 20 1956

JUL 23 1956

JUN 22 1953

SEP 21 1956

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

*R. M. Carter*

Licensed Embalmer No. 4117

P. O. Address Providence 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.