FILED JUL 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20945

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: CARROLL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARROLLTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: CARROLL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrollton, MO 0171 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Loyd b. (Middle) H c. (Last) Austin

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1953

5. SEX: M **6. COLOR OR RACE:** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): M **8. DATE OF BIRTH:** Oct. 2 - 1892 **9. AGE** (In years last birthday): 61 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

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): Bosworth MO
12. CITIZEN OF WHAT COUNTRY?: O

13a. FATHER'S NAME: John T. Austin
13b. MOTHER'S MAIDEN NAME: Mary Jenkins
14. NAME OF HUSBAND OR WIFE: Ella Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ella Austin **ADDRESS:** Carrollton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension,

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953 *to* June 30, 1953 *that I last saw the deceased alive on* June 30, 1953 *and that death occurred at* 5:30 *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Hamilton Baker, M.D. **23b. ADDRESS:** Carrollton Mo **23c. DATE SIGNED:** July 1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2-1953
24c. NAME OF CEMETERY OR CREMATORY: Big Creek
24d. LOCATION (City, town, or county): Bosworth **(State):** Mo

DATE REC'D BY LOCAL REG.: 7/6/53 **REGISTRAR'S SIGNATURE:** Mrs Herbert Calvert
25. FUNERAL DIRECTOR'S SIGNATURE: Lepard & Edwards **ADDRESS:** Bosworth 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 David J Edwards

Licensed Embalmer No. 3265

P. O. Address Bonnerth Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.