

STANDARD CERTIFICATE OF DEATH

38631

State File No.

FILED NOV 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5356</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Wilson</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wilson</u>		d. STREET ADDRESS (If rural, give location) <u>Long Lane, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Long Lane, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Long Lane, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Belzora</u>		b. (Middle) <u>Alice</u>		c. (Last) <u>Austin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18-1953</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>Mar. 16-1978</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Dallas County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Carl Austin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no) or (unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>ncr.e</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Calvin Hicks Long Lane, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hypertension + arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u> <u>5 days</u> <u>8-10 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>331X</u>			
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>June</u> , 19 <u>50</u> , to <u>17 Nov</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>17 Nov</u> , 19 <u>53</u> , and that death occurred at <u>12:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Calvin Hicks</u> (Degree or title) <u>md</u>				23b. ADDRESS <u>Buffalo Mo</u>		23c. DATE SIGNED <u>19 Nov 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 20/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Rock Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/23/53</u>		REGISTRAR'S SIGNATURE <u>Miss Grace Petre</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Montgomery Funeral Home Buffalo, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0300

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 *Blyde Montgomery* 3592

Licensed Embalmer No. *Buffalo, N.Y.*

P. O. Address *Buffalo, N.Y.*

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.