

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5576**

BIRTH NO. **FILED MAR 5 1954** REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5837** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>California</b> b. COUNTY <b>Unknown</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>WEST BENTON TOWNSHIP</b>	c. LENGTH OF STAY (In this place) <b>Unknown</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>VELLEJO</b>	8048
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>231 Cunningham Street.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>ANDREW</b>	b. (Middle) <b>(NMI)</b>	c. (Last) <b>AGUSTINOVICH</b>	(Month) <b>February</b>	(Day) <b>19</b>	(Year) <b>1954</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>31 July 1929</b>	9. AGE (In years last birthday) <b>25</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>U.S. Army</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>US ARMY</b>	11. BIRTHPLACE (State or foreign country) <b>GERMAN TOWN, NEW YORK</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>CHRIST AGUSTINOVICH</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>STELLA V. AGUSTINOVICH</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	(If yes, give war or dates of service) <b>7 years; SVC</b>	16. SOCIAL SECURITY NO. <b>RA12246816</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Information taken fr Service Recds, Cp Cr</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEMOTHORAX, TRAUMATIC</b>			<b>1 Hr, 25</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES	DUE TO (b) <b>Crushing injury to chest</b>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <b>Automobile wreck</b>		
Conditions contributing to the death but not related to the disease or condition causing death.	<b>Skull fracture</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway #71</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>NEWTON, MISSOURI</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Feb 19 54 2:16 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Automobile accident</b>
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22. I hereby certify that I attended the deceased from **19 Feb**, 19 **54**, to **19 Feb**, 19 **54**, that I last saw the deceased alive on **19 Feb**, 19 **54**, and that death occurred at **3:40 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Alvin Capone</b>	23b. ADDRESS <b>USAH, CAMP CROWDER, MISSOURI</b>	23c. DATE SIGNED <b>19 Feb 54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-22-1954</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Germantown New York</b>
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DATE REC'D BY LOCAL REG. <b>2-22-54</b>	REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Orley Thompson</b>	ADDRESS <b>Neashe Mo'</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48  
30  
3

APR 12 1954

**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer No. \_\_\_\_\_

District File Number 354-31

Date Filed MAR 4 1954

NEOSHO, MISSOURI

MAY 6 1954

**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 \_\_\_\_\_

Licensed Embalmer No. 456

P. O. Address Neosho, 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.