

FILED OCT 18 1954

STANDARD CERTIFICATE OF DEATH

State File No. 34702

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 102	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Neosho</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>WEST SPRING ST. 670²</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VITA</u>		b. (Middle) <u>MARGARA</u>		c. (Last) <u>AUSTIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 16, 1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARITAL STATUS <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 8, 1871</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Newton County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JONAS WEEMS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FRANCES POWERS</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>MRS. FLOYD McNAHAN COATS, KAN.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u>			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute) <u>16 Sept 1954 7 P.M.</u>		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>10 Sept 1954</u> , to <u>16 Sept 1954</u> , that I last saw the deceased alive on <u>7 P.M., 1954</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>Dr. J. L. Taylor M.D.</u>				23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>1 Oct 54</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-20-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-1-54</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson Sr.</u>		ADDRESS <u>Neosho Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

Director Health Officer No. _____

Institute File Number 1054-205

Date Filed OCT 15 1968

NEOSHO, MISSOURI

DEC 8 1968

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 _____
Signature of Student Embalmer

Signed Ray P Adams
Licensed Embalmer No. 49

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.