

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44382

State File No. ....

FILED FEB 28 1955

BIRTH NO. 96070-54 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> <u>0670</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route #3 Charlesth</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route #3 Charlesth</u> <u>0670</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence R. #3</u>				d. STREET ADDRESS (If rural, give location) <u>Route #3 Charlesth</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marjorie</u> b. (Middle) <u>May</u> c. (Last) <u>Austin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Dec. 8, 1954</u>		9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months <u>19</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>19</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>Wyatt, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Talbert Cope Austin</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie May Kinsey</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Talbert C. Austin, R. #3 Charlesth, Mo.</u> ADDRESS				
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>Acute enteritis, diarrhea</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7640</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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)			
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?			
22. I hereby certify that I attended the deceased from <u>Dec 24</u> , 19 <u>54</u> , to <u>Dec. 27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec. 27</u> , 19 <u>54</u> , and that death occurred at <u>7:00 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. P. Leuten</u>				23b. ADDRESS <u>Wyatt, Mo.</u>		23c. DATE SIGNED <u>2/4/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/28/54</u> <u>480</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blodgett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blodgett, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-19-55</u>		REGISTRAR'S SIGNATURE <u>Dean Hearnes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>The Sunmelee Funeral Chapel, Charlesth, Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed FEB 26 1955

**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.

*not embalmed*

Student .....  
Student Embalmer

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

**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.