

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **597**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give town name) OR TOWN 715 Locust St Jefferson City		c. CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 15 Min.		e. STREET ADDRESS (If rural, give location) 715 Locust St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Still			

3. NAME OF DECEASED (Type or Print) JOHN			a. (First)	b. (Middle)	c. (Last) AUSTIN	4. DATE OF DEATH Jan. 20 1955		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH unknown 1891		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY State of Mo.		11. BIRTHPLACE (City and State or Foreign Country) Moberly, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mable Austin 715 Locust	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-09-5474		17. INFORMANT'S SIGNATURE OR NAME Mable Austin, 715 Locust St. J.C.	

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) Cerebral Anoxia		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebro-vascular accident					
		DUE TO (c) Hypertensive Cerebro-vascular					
		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 443X				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.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Jefferson City Cole Mo.			
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 **Dec 1**, 1954, to **Jan 20**, 1955, that I last saw the deceased alive on **Jan 20, 1955**, and that death occurred at **11:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William A. Davis M.D.		23b. ADDRESS 419 1/2 Lafayette		23c. DATE SIGNED 1/20/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 23 1955		24c. NAME OF CEMETERY OR CREMATORY Longview Cemetery	
				24d. LOCATION (City, town, or county) (State) Cole County Mo.	

DATE REC'D BY LOCAL REG. Jan 21-1955		REGISTRAR'S SIGNATURE R.P. Davis M.D. R.P.C.		25. FUNERAL DIRECTOR'S SIGNATURE Janner Funeral Home		ADDRESS 700 Jefferson St. J.C. Mo.	
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WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Donald B. Fleenor*.....

Licensed Embalmer No. *467*.....

P. O. Address *Juno*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.