

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5723

State File No.

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> <u>0780 /</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Wardell</u>)		c. LENGTH OF STAY (In this place) <u>1 Year</u>	c. CITY OR TOWN <u>Wardell</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u> <u>0780</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle)	c. (Last) <u>Austin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1955</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 8, 1892</u>	9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Days	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <u>Photographer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Photography</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Piggott, Arkansas /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Austin</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Sholts</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Austin</u>
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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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grace Austin</u>	ADDRESS <u>R. 1 Wardell, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>Virus pneumonia</u>		<u>2</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Virus pneumonia</u>		<u>10 days</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/11, 1955, to 2/19, 1955, that I last saw the deceased alive on 2/19, 1955, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Miller M.D.</u> (Degree or title)	23b. ADDRESS <u>Poplar Bluff Mo.</u>	23c. DATE SIGNED <u>2/23/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wardell Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-27-55</u>	REGISTRAR'S SIGNATURE <u>John M. Gorman</u> <u>406-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Osburn Funeral Home</u>	ADDRESS <u>Wardell, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-73-55

MAR 14 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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.....
James A. Osburn

Licensed Embalmer No... 4185

P. O. Address..... Wardell,

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.