

FILED DEC 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37251

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Carthage		c. CITY OR TOWN Carthage	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) 1 1/2 Hrs.		e. STREET ADDRESS (If rural, give location) 1800 Hazel	
3. NAME OF DECEASED (Type or Print) CAROL		a. (First) CAROL	b. (Middle) AUSTIN
c. (Last) AUSTIN		4. DATE OF DEATH (Month) (Day) (Year) 12-2-1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 12-2-1955
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Harold Austin	
13b. MOTHER'S MAIDEN NAME Mary Alice Humphrey		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Harold Austin		ADDRESS Carthage, Mo.	
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) prematurity DUE TO (b) birth wt 1 lb 5 oz DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 776x	
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) (Minute)		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 12-2- , 19 55 , to 12-2- , 19 55 , that I last saw the deceased alive on 12-2- , 19 55 , and that death occurred at 10:10 AM , from the causes and on the date stated above.	
23a. SIGNATURE Thurston E Bond MD		(Degree or title) MD	
23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 12-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-5-1955	
24c. NAME OF CEMETERY OR CREMATORY Fulton Cemetery		24d. LOCATION (City, town, or county) (State) Fulton Kansas	
DATE REC'D BY LOCAL REG. 12-3-55		REGISTRAR'S SIGNATURE EM Clinton	
25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home		ADDRESS Carthage, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 8 1955
Jasper County Health Office
County File Number 515-12-847
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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. (Not Embalmed, Packed) working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William A. Full*

Licensed Embalmer No. 465

P. O. Address *Corthage*

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.