

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **31202**

FILED OCT 1 1957

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 8015		Registrar's No. 91			
1. PLACE OF DEATH a. COUNTY CLINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY CLINTON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camerton		c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY OR TOWN CAMERTON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Carter Nursing Home				e. STREET ADDRESS (If rural, give location) 604 PARK					
3. NAME OF DECEASED (Type or Print) a. (First) Etta b. (Middle) BRYAN c. (Last) AUTEN.			4. DATE OF DEATH (Month) (Day) (Year) Sept 21 57						
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 26-1882		9. AGE (In years last birthday) 74			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse wife		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) De Kalb Co Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Joseph Moss			13b. MOTHER'S MAIDEN NAME MARY HUNT		14. NAME OF HUSBAND OR WIFE Arthur Auten				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Arthur Auten Brookfield Mo. 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis from				Multiple decubitis				1 mo	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Prolonged recumbency				6 mo	
				DUE TO (c) Arteriosclerosis				5 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Non-ophlegia from cerebral embolism following surgery 1924				10 yrs	
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)		4500			
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?					
22. I hereby certify that I attended the deceased from May 1924 to Sept , 1957, that I last saw the deceased alive on Sept 21, 1957 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Strompton MD 2				23b. ADDRESS Camerton Mo		23c. DATE SIGNED 9/23/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Sept 24-57		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) CAMERTON MISSOURI			
DATE REC'D BY LOCAL REG. 9-24-57		REGISTRAR'S SIGNATURE Frances D Crawford		25. FUNERAL DIRECTOR'S SIGNATURE Poland Funeral Home ADDRESS Camerton Mo					

(Licensed Emballer's Statement on Reverse Side)

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

51

31-0

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 *Lawrence J. Thompson*

Licensed Embalmer No. *473*

P. O. Address *Cameron*

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.