

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38997

STATE FILE NUMBER

FILED OCT 24 1957

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 49

S. 300
v. 1-56

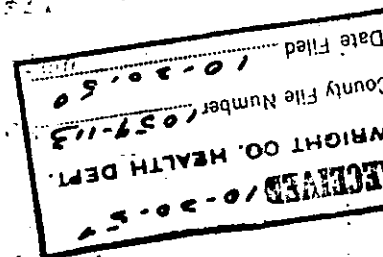
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mountain Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Mountain Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 203 Oakland		Length of stay in lb Life		d. STREET ADDRESS 203 Oakland (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle A. Last Austin				4. DATE OF DEATH September 25, 1957 Month September Day 25 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH November 25, 1890	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 16 Days Hours Min. 		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet maker		10b. KIND OF BUSINESS OR INDUSTRY Furniture factory		11. BIRTHPLACE (City and state or country) Hartville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Colbert V. Austin				14. MOTHER'S MAIDEN NAME Isabelle Gray			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 		17. INFORMANT Mrs Ida Austin Address Mtn. Grove, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Prostate						INTERVAL BETWEEN ONSET AND DEATH 2	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 177X						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 		20f. CITY, TOWN, OR LOCATION 		COUNTY STATE 	
21. I attended the deceased from Sept. 22-1957 to Sept. 25 1957 and last saw her alive on Sept. 25-1957 Death occurred at 11:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. A. Cherry (Degree or title) MD				22b. ADDRESS Mtn. Grove, Mo.		22c. DATE SIGNED 9-26-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 29, 1957		23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		23d. LOCATION (City, town, or county) (State) Mountain Grove, - Missouri	
24. FUNERAL DIRECTOR Barber Funeral Home--Mtn. Grove, Mo				25. DATE RECD. BY LOCAL REG. 10-15-57		26. REGISTRAR'S SIGNATURE A. B. Ames	

(Licensed Embalmer's Statement on Reverse Side)

348-0



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 George Stapp

Licensed Embalmer No. 316

P. O. Address Mr. E. E. E.

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.