

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41074

FILED DEC 9 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 3040 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u>	
c. LENGTH OF STAY (in this place) <u>57 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1102 Walnut St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1102 Walnut St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Magnolia</u> b. (Middle) <u>McNally</u> c. (Last) <u>Austin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 1957</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Mar 24 1875</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 YEAR Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Crawfordsville, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>			

13a. FATHER'S NAME <u>Joseph McNally</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McArthur</u>		14. NAME OF HUSBAND OR WIFE <u>Wallace Austin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward J. Austin</u>	
				ADDRESS <u>Chillicothe, Mo.</u>	

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) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>			<u>6-10 yrs.</u>
		DUE TO (c) <u>Adeno Carcinoma Liver-Pancreas</u>			<u>3-5 yrs.</u>
		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		20. AUTOPSY? <u>g</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 Nov 10, 1949, to Nov 28, 1957, that I last saw the deceased alive on Nov 28, 1957, and that death occurred at 4:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. W. Matherly M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>11/30/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 2 '57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Liv. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/30/57</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Turner</u>	
				ADDRESS <u>Home Chillicothe, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

171-5

**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 .....

Student Embalmer

Signed

*Elton F. Norman*

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo

**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 this body is not embalmed, fact should be so stated above.