

Dept. Health,
c., & Welfare
U.S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43900
STATE FILE NUMBER

FILED DEC 24 1957

Registration District No. 96 Primary Registration District No. 5347 Registrar's No. 102

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>N. Benton</u>		c. CITY OR TOWN <u>Buffalo, MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Buffalo, MO</u>		d. STREET ADDRESS (If outside, give location) <u>Buffalo, MO</u>	

3. NAME OF DECEASED (Type or print) First <u>Luther</u> Middle <u>-</u> Last <u>Austin</u>			4. DATE OF DEATH <u>Dec. 13, 1957</u> Month <u>Dec</u> Day <u>13</u> Year <u>1957</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 12 - 1876</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	IF UNDER 24 MRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	--	---

13a. FATHER'S NAME <u>John Austin</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Austin</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Austin</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>1</u>	16. SOCIAL SECURITY NO. <u>471170077</u>	17. INFORMANT Address <u>Lala Medcalf Buffalo, MO.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary sclerosis</u>	
	DUE TO (c) <u>Atheroma</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	

20d. INJURY OCCURRED WHILE AT <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 <u>Buffalo, Missouri</u>	COUNTY <u>Dallas</u> STATE <u>MO</u>
---	--	--	--------------------------------------

21. I attended the deceased from December 10, 1957 7 P 7:00 P. and last saw ^{him} Dec. 13, 1957 and last saw ^{him} Dec. 10, 1957 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. D. Bennett</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Buffalo, Missouri</u>	22c. DATE SIGNED <u>12/17/57</u>
---	---------------------------------------	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/16/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lindley Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Dallas County MO</u>
--	-----------------------------	---	--

24. FUNERAL DIRECTOR <u>Montgomery Funeral Home</u>	ADDRESS <u>Buffalo MO</u>	25. DATE RECD. BY LOCAL REG. <u>12/23/57</u>	26. REGISTRAR'S SIGNATURE <u>Miss Grace Patten</u>
--	---------------------------	---	---

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

1277

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 *L. Lytle Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Buffalo, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.