

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

417

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hamilton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Hamilton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb <u>1 Month</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Anita</u> Middle <u>Joanna</u> Last <u>Austin</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>19</u> Year <u>1958</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 8, 1957</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>5</u> Days <u>11</u> Hours <u>11</u> Min. <u>0</u> IF UNDER 24 HRS. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kittery, Maine</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>Pelorus Austin</u>				14. MOTHER'S MAIDEN NAME <u>Ruby Sanders</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Pelorus Austin</u>			Address <u>Hamilton, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per item (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Status thymolymphaticus</u> 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)								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.) <u>273X</u>						
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 <u>Hamilton, Mo.</u>		COUNTY		STATE	
21. I attended the deceased from _____, to _____ and last saw her <sup>him</sup> alive on <u>Jan 11, 1958</u> Death occurred at <u>5:30</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>J. R. Elder</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Hamilton, Mo.</u>				22c. DATE SIGNED <u>1-20-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 20 '58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>			23d. LOCATION (City, town, or county) <u>Livingston Co. Monroe Twp.</u>		(State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>Morris A. Bram</u>			ADDRESS <u>Hamilton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-23-58</u>		26. REGISTRAR'S SIGNATURE <u>Lady Jones</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
0120  
800-56  
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

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 *J. Harris Brown*.....

Licensed Embalmer No. *39*

P. O. Address *Home*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.