

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 20 1958

State File No. **801**

BIRTH NO. _____ REG. DIST. NO. 115-116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY OR TOWN Washington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 704 W. Fifth St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 704 W. Fifth St.			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle) LOUIS	c. (Last) AUGUSTINE Sr.	4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1958
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 13, 1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 10 Days 2	IF UNDER 24 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe filler (worker)	10b. KIND OF BUSINESS OR INDUSTRY Pipe factory	11. BIRTHPLACE (City and State or Foreign Country) Washington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Friery Augustine	13b. MOTHER'S MAIDEN NAME Margaret Boehmer	14. NAME OF HUSBAND OR WIFE Elizabeth (nee Hoffmann)
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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. None	17. INFORMANT'S SIGNATURE OR NAME George Augustine Jr.	ADDRESS 806 W. Front St
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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, asthma, 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) <u>Cardiac insufficiency</u>		<u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic C.V.R disease.</u> DUE TO (c) <u>old age.</u>		<u>7 years.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal insufficiency of old age.</u>			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 442X
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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?
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22. I hereby certify that I attended the deceased from 11 Jan, 1958, to 15 Jan, 1958, that I last saw the deceased alive on 15 Jan, 1958 and that death occurred at 2:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. W. Boyd, MD	(Degree or title) MD	23b. ADDRESS Washington, Mo.	23c. DATE SIGNED 17 Jan 58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 18, 1958	24c. NAME OF CEMETERY OR CREMATORY St. Francis Cath.	24d. LOCATION (City, town, or county) (State) Washington, Missouri
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DATE REC'D. BY LOCAL REG. 1/18/58	REGISTRAR'S SIGNATURE J. P. Stullman	25. FUNERAL DIRECTOR'S SIGNATURE Henry W. Otto	ADDRESS Washington, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Henry W. Otto*.....

Licensed Embalmer No. *3560*.....

P. O. Address *Washington*.....

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.