

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028043

STATE FILE NUMBER

FILED JUL 24 1958

Registration District No. 375

Primary Registration District No. 4284

Registrar's No. 11

300
1-57

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 Montgomery Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Manes 1140 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manes		Length of stay in 1b Most of life	d. STREET ADDRESS (If outside, give location) Star Route Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Myrtle Middle Blanche Last Austin			4. DATE OF DEATH Month July Day 12 Year 1958			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 8, 1998	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Month 7 Day 4	IF UNDER 24 HRS. Hours 7 Min. 4
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & Mgr. Gen. Merch. Store		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Texas County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dennis Duff		13b. MOTHER'S MAIDEN NAME Cora Scott		14. NAME OF HUSBAND OR WIFE Earl E. Austin	
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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.	17. INFORMANT Address Gene Austin West Plains, Missouri		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema				INTERVAL BETWEEN ONSET AND DEATH 48 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Embolism				4 Das.
DUE TO (c) Cerebral Embolism				2 Yrs.
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.)		
20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.					

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 COUNTY STATE	
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21. I attended the deceased from **6/20/1956** to **7/11/1958** and last saw ^{her} _{him} alive on **7/11/1958**
Death occurred at **4:05 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

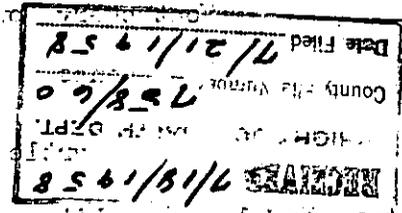
22a. SIGNATURE W. A. Craig D.O. 2 (Degree or title)		22b. ADDRESS Mountain Grove, Missouri		22c. DATE SIGNED 7/15/58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 14, 1958		23c. NAME OF CEMETERY OR CREMATORY Green Mountain Cemetery		23d. LOCATION (City, town, or county) (State) Wright County, Missouri.	
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24. FUNERAL DIRECTOR ADDRESS Barber Funeral Home Mtn. Grove, Mo		25. DATE REC'D. BY LOCAL REG. 7/18/1958		26. REGISTRAR'S SIGNATURE Donnie J. Jones	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Disease in Part I must be causally related.

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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. *3161*

P. O. Address *Mt. Snow, Vt.*

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.