

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033208

STATE FILE NUMBER

FILED OCT 15 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 472

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin <u>04950</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 716 Jefferson Joplin Mo		d. STREET ADDRESS (If outside, give location) 716 Jefferson	
3. NAME OF DECEASED (Type or print) First Lizzie Middle Leona Last Austin		4. DATE OF DEATH Month 9 Day 18 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-30-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home making	11. BIRTHPLACE (City and state or country) Chillicothe, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John L. Long	
13b. MOTHER'S MAIDEN NAME Elizabeth Gibbs		14. NAME OF HUSBAND OR WIFE Alva E. Austin (deceased)	
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 Mrs. Dwight Vaughn Daughter Joplin, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) cerebral DUE TO (c) arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 mo
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.) 2	
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 COUNTY STATE	
21. I attended the deceased from Death occurred at Aug 18 58 Sept 14 58 and last saw her alive on 9/18/58 7 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. H. Crawford (Degree or title)		22b. ADDRESS Joplin Mo	
22c. DATE SIGNED 10/11/58		22d. DATE OF DEATH	
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)	23b. DATE 9-20-1958	23c. NAME OF CEMETERY OR CREMATORY Fair View Cem	23d. LOCATION (City, town, or county) (State) Joplin, Mo
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 10-10-1958	
26. REGISTRAR'S SIGNATURE Nooe Merriam			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Rexie C. Howkell*

Licensed Embalmer No. *3590*

P. O. Address *W. Phillips, Md.*

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.