

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006155

STATE FILE NUMBER

FILED FEB 19 1959

Registration District No.

162

Primary Registration District No.

5595

Registrar's No.

18

300

-57 f

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>ROCK TWP.</b>		c. CITY OR TOWN <b>BARNHART</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NONE</b>		d. STREET ADDRESS <b>BOX 224</b>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>A.</b> Last <b>AUSTIN</b>		4. DATE OF DEATH Month <b>2</b> Day <b>4</b> Year <b>59</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-12-1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LABORER</b>	11. BIRTHPLACE (City and state or country) <b>BIBLE GROVE, ILL.</b>
13a. FATHER'S NAME <b>SETH A. AUSTIN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>ANNIE MAE</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>MRS CHAS. AUSTIN BARNHART, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiovascular disease</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Peripheral vascular sclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4221</b>			INTERVAL BETWEEN ONSET AND DEATH
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.) <b>-</b>	
20c. TIME OF INJURY Hour <b>-</b> Month, Day, Year <b>-</b> a.m. <b>-</b> p.m. <b>-</b>		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.) <b>-</b>		20f. CITY, TOWN, OR LOCATION COUNTY <b>-</b> STATE <b>-</b>	
21. I attended the deceased from <b>Nov. 15, 58</b> to <b>Feb 1, 59</b> and last saw her alive on <b>Feb 1, 59</b> Death occurred at <b>9:29 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Bertine Polgar, M.D.</b>		22b. ADDRESS <b>Farm, Mo</b>	22c. DATE SIGNED <b>3/2/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2-8-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LUTHERAN CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>PEVELY, MO.</b>
24. FUNERAL DIRECTOR <b>GENTRY R. POLITTE</b>		25. DATE RECD. BY LOCAL REG. <b>2-8-59</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

VS  
FEB 19 1959

MAR 20 1959

### 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

*Gentry R. Polit*

Licensed Embalmer No.

348

P. O. Address

*Crystal*

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.