

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017081

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 41

Primary Registration District No. 3012

Registrar's No. 45

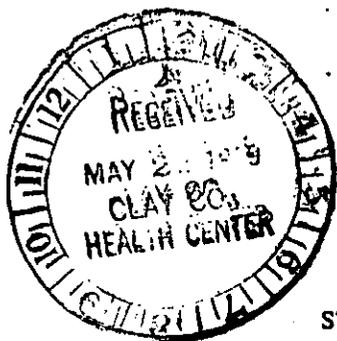
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Excelsior Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Excelsior Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 115 Saratoga		Length of stay in lb 3 years	d. STREET ADDRESS (If outside, give location) 602 115 Saratoga Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last ANDY FRANKLIN AUSTIN			4. DATE OF DEATH Month Day Year May 3, 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 14, 1906	9. AGE (In years last birthday) 52	10. F UNDER 1 YEAR 6 19	11. I UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Braymer, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Eldon Austin		13b. MOTHER'S MAIDEN NAME Elizabeth Basham		14. NAME OF HUSBAND OR WIFE Margaret Hbltmeyer		
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. 195-01-7083	17. INFORMANT Address Mrs. Jack Austin, Excelsior Sogs. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) coronary insufficiency DUE TO (c) cardiac enlargement					INTERVAL BETWEEN ONSET AND DEATH INSTANT	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) asthma- emphysema					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201				
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 3/7/58 to 5/3/59 and last saw him alive on 5/3/59 Death occurred at 1:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE J.P.M. Cracken (Deceased or title)			22b. ADDRESS M. D. 0 Excelsior Springs, Mo.		22c. DATE SIGNED 5/11/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. D. OF E. 5-7-1959	23c. NAME OF CEMETERY OR CREMATORY Memory Gardens		23d. LOCATION (City, town, or county) (State) Richmond, Missouri	
24. FUNERAL DIRECTOR Thomas J. Carter, Richmond, Mo.			25. DATE RECD. BY LOCAL REG. 5-16-59	26. REGISTRAR'S SIGNATURE Sparkline Hutchings		

MAY 26 1959



STATEMENT BY LICENSED EMBALMER

~~JAN 29 1959~~

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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 *Thomas J. Carter*

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

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.