

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-033224
STATE FILE NUMBER

FILED VS SEP 17 1959

Registration District No. 967 Primary Registration District No. 3049 Registrar's No. 118

V65-300
Res. 1-57
781

securing the medical certification in the specific manner required by 194.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hayti Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 507 E. Mc Kinley		Length of stay in 1b 07 1/2	d. STREET ADDRESS (If outside, give location) 507 E. Mc Kinley Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Willie Clarence AUSTIN			4. DATE OF DEATH Month Day Year September, 9, 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 5-25-1905
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 3 Days 14	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tugboat operator		10b. KIND OF BUSINESS OR INDUSTRY Tug Boat	11. BIRTHPLACE (City and state or country) Waynesboro, Tennessee.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME George Austin	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Lorene Austin		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. 429-28-1956
17. INFORMANT Lorene Austin, Helena, Arkansas.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death due to natural causes DUE TO (b) (Not attended by physician) DUE TO (c) Coroner notified PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7954	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)	
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	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree, or title) La Handa Adams, Local Registrar Hayti, Mo.		22b. ADDRESS	
22c. DATE SIGNED 9-14-59			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-11-59	23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery	23d. LOCATION (City, town, or county) (State) Blythville, Arkansas.
24. FUNERAL DIRECTOR ADDRESS John W. German Funeral Home of Hayti,		25. DATE RECD. BY LOCAL REG. 9-11-59	26. REGISTRAR'S SIGNATURE La Handa Adams

SEP 18 1959

SEP 27 1959

SEP 15 1959

COURTHOUSE
CARTHERSVILLE, MO
PHONE 79

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 *John W German*

Licensed Embalmer No. *4355*
P. O. Address *Hayt, 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.