

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018495

XC-15560088 REG. NO. AA2186

2007

295

STATE FILE NUMBER

FILED VS MAY 31 1960

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU (Institution)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF	Length of stay in 1b 84 DAYS	c. CITY OR TOWN WHITEWATER	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) ROUTE ONE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLYDE Middle ESTES Last AUSTIN			4. DATE OF DEATH Month MAY Day 17 Year 1960			
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 1-16-18	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY GENERAL LABOR	11. BIRTHPLACE (City and state or country) WHITEWATER, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN M. AUSTIN	13b. MOTHER'S MAIDEN NAME MAGGIE E. ESTES	14. NAME OF HUSBAND OR WIFE MAUDE 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) YES WWII	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address WHITEWATER, MO. MAUDE E. AUSTIN, WIFE, RTE 1,
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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) RHEUMATIC HEART DISEASE, CHRONIC.		INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal cause of death (Give in PART I if applicable) 1. PULMONARY INFARCT, LEFT. 2. PERICARDITIS, CHRONIC. 3. CORONARY HEART DISEASE, CHRONIC.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 _____
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21. I attended the deceased from FEB. 23, 1960 to MAY 17, 1960 and last saw her her on 7:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) X Lester Harwell, M.D., Actg. Pathologist, VA Hospital, Poplar Bluff, Mo.	22b. ADDRESS	22c. DATE SIGNED 5/17/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-18-60	23c. NAME OF CEMETERY OR CREMATORY Cape Girardeau Cem.	23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 5/21/60	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 7 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edgar W. Laffo

Licensed Embalmer No. 3394

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.