

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016649

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 178

Primary Registration District No.

Registrar's No. 35

FILED MAY 15 1963

## 1. PLACE OF DEATH

a. COUNTY

LEWIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN LA BELLE TWSP.

Length of stay in 1b

XXXXXXX

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 1 mi. West Lewistown

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

LEWIS

c. CITY

OR TOWN

LEWISTOWN

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

1 mi. West Lewistown

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First HARMON

Middle

Last AUGUSTINE

First

Middle

Last

Date

OF DEATH

Month

MAY

Day

8,

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/22/89

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

## 10b. KIND OF BUSINESS OR INDUSTRY

GENERAL

## 11. BIRTHPLACE (City and state or country)

NAUVOO, ILLINOIS

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

HERMAN AUGUSTINE

## 13b. MOTHER'S MAIDEN NAME

HENRIETTA CAMBRY

## 14. NAME OF HUSBAND OR WIFE

LETTIE AUGUSTINE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

NO

XXXXXXXXXXXX

## 16. SOCIAL SECURITY NO.

492-42-5107

## 17. INFORMANT

LETTIE AUGUSTINE, LEWISTOWN, MO.

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)

Drowning

## INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Illness from Parkinson disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

Accident

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

By falling in a pond at home

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

May 6, 1963

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

At home

## 20f. CITY, TOWN, OR LOCATION

LA BELLE TWSP.

## COUNTY

LEWIS

## STATE

MISSOURI

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)

Eul. H. Barkley, Coroner

## 22b. ADDRESS

Lewistown, Missouri

## 22c. DATE SIGNED

5-8-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

5/11/63

## 23c. NAME OF CEMETERY OR CREMATORY

LA BELLE

## 23d. LOCATION (City, town, or county)

LA BELLE, MISSOURI

## 24. FUNERAL DIRECTOR

ADDRESS

Charles L. Arnold, Jr. LEWISTOWN, MO.

## 25. DATE RECD. BY LOCAL REG.

5-10-'63

## 26. REGISTRAR'S SIGNATURE

Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Best form

VS 300  
Rev. 4/59  
1 0560  
2 0560  
3 1  
4 0  
5 1  
6  
7 1  
8 0  
9 9290  
10 3  
11 056  
12 90-3  
13 1-0

MAY 22 1963

**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

*Charles L. Arnold, Jr.*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.