

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-019659

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 120

Primary Registration District No.

Registrar's No. 47

FILED MAY 23 1963

1. PLACE OF DEATH

a. COUNTY Gentry

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

Huggins Township

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

N.W. of Albany

3. NAME OF DECEASED

(Type or print)

FRED

5. SEX

male

6. COLOR OR RACE

white

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

farming

13a. FATHER'S NAME

Robert T. Austin

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

(Yes, no, or unknown) yes

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 occlusion

Frequent attacks of U.R.I.

DUE TO (b)

DUE TO (c)

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.

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

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

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Oct 1956

to 5-15-63

and last saw him alive on 5-15-63

Death occurred at 2:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

D.O.

Albany, Mo.

22b. ADDRESS

22c. DATE SIGNED

5-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

May 17, 1963

23c. NAME OF CEMETERY OR CREMATORY

Grandview

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

Albany, Missouri

24. FUNERAL DIRECTOR

Brooks-Cochell Funeral Home Albany, Mo.

25. DATE RECD. BY LOCAL REG.

5-19-63

26. REGISTRAR'S SIGNATURE

Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1966

rec'd
5-19-63

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Donald E. Coehlf

Licensed Embalmer No. 4868

P. O. Address Albany, 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.

2-14-63 Mrs. M. B. ...