

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041078

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 459

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

FILED NOV 12 1963

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington R.R. 1</u>		c. CITY OR TOWN <u>Farmington</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Thomas Dell Memorial Home</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. 1</u>	
3. NAME OF DECEASED (Type or print) First <u>Austin</u> Middle <u>A</u> Last <u>Albaugh</u>		4. DATE OF DEATH Month <u>November</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/3/1365</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Baltimore, Md.</u>
13a. FATHER'S NAME <u>John Albaugh</u>		13b. MOTHER'S MAIDEN NAME <u>Viola (unk)</u>	14. NAME OF HUSBAND OR WIFE <u>Mary McCulloch (Dec'd)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		17. INFORMANT <u>Mrs R.K. Ragsdale, Farmington, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition debilitation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>
DUE TO (b) <u>Prolonged recumbency</u>			<u>6 mo</u>
DUE TO (c) <u>FRACTURED HIP</u>			<u>6 mo</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senile Arteriosclerosis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>FELL AT HOME</u>	
20c. TIME OF INJURY Hour <u>May 6 1963</u> 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 <u>Farmington</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>1956</u> to <u>1963</u> and last saw <sup>her</sup> him alive on <u>11-4-63</u> Death occurred at <u>4:50 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. K. Ragsdale</u> (Degree or title)		22b. ADDRESS <u>Farmington Mo.</u>	22c. DATE SIGNED <u>11-7-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>11/8/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>	23d. LOCATION (City, town, or county) <u>Farmington, Mo.</u> (State)
24. FUNERAL DIRECTOR <u>Miller Funeral Home, Farmington, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Nov. 7, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

VS 300	DATE AMENDED
Rev. 4/59	
<u>1094C</u>	
<u>20940</u>	
<u>3</u>	
<u>4 0</u>	
<u>5 2</u>	
<u>6</u>	
<u>7 1</u>	
<u>8 2</u>	
<u>99040</u>	
<u>10 21</u>	
<u>11 094</u>	
<u>12 860</u>	
<u>13 10</u>	

USE BLACK INK OR TYPEWRITER RIBBON

NOV 16 1961

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 Paul H. Dugal

Licensed Embalmer No. 4420

P. O. Address Farmington 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.