

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030983

STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 6151 Registrar's No. 47

FILED AUG 7 1963

DO NOT WRITE ON THIS STUB AMENDED

VS 300  
Rev. 4/59

1 1030

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Stoddard</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Stoddard</b>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Elk Twp.</b>  |   | Length of stay in 1b<br><b>4 years</b>  | c. CITY OR TOWN <b>Dexter</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Dexter, Mo. R. 2</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Rfd. 2</b>   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Anderson Austin</b>  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>July 29, 1963</b>  |  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>negro</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2-6-1930</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farm labor</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>farming</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Clarksdale, Miss.</b>   |
| 13a. FATHER'S NAME<br><b>George Austin</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Ophelia Golden</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>never married</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   | 16. SOCIAL SECURITY NO.<br><b>X X X X X X X X</b>   | 17. INFORMANT<br><b>Ophelia Barns</b> Address<br><b>Dexter, Mo. R. 2</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute pulmonary edema</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Metastatic carcinoma to lung</b>  |   |   | <b>Unknown</b>   |
| DUE TO (c) <b>Carcinoma of colon</b>  |   |   | <b>Unknown</b>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. Month, Day, Year<br>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  | COUNTY STATE   |
| 21. I attended the deceased from <b>7/26/63</b> to <b>7/29/63</b> and last saw <del>him</del> <b>him</b> alive on <b>7/26/63</b><br>Death occurred at <b>9: A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Lewis C. Jones</b>   |   | 22b. ADDRESS<br><b>Dexter, Missouri</b>   | 22c. DATE SIGNED<br><b>7/30/63</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  | 23b. DATE<br><b>8-4-63</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Broadwater Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Malden, Mo. Rural</b>  |
| 24. FUNERAL DIRECTOR<br><b>Watkins &amp; Sons</b> ADDRESS<br><b>Dexter, Missouri</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>8-3-63</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Delma D. Jenkins</b>   |

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

EMBALMENT

X

NAME

RESIDENCE

DATE

X

AGE

SEX

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

EMBALMER'S NAME

ADDRESS

CITY

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

EMBALMENT

NAME

RESIDENCE

DATE

PLACE OF DEATH

CAUSE OF DEATH

YES

NO

NO

YES

NO

YES

**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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Denton, 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.