

FILED JUN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16965**

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u> Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prairie</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		<u>0485</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co. Emer. Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>10505 E. 24th St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Augusta</u>		b. (Middle) <u>Ann</u>	c. (Last) <u>Marion</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1951</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar. 10, 1862</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Thomas Button</u>		13b. MOTHER'S MAIDEN NAME <u>Vicy Hane</u>	14. NAME OF HUSBAND OR WIFE <u>Columbus Marion (deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edna E. Dove Independence, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>	ANTECEDENT CAUSES <u>Arteriosclerotic Heart Disease.</u>				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Carcinoma of Right Breast with axillary and pulmonary metastasis</u>				
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>170x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 15, 1949</u> , to <u>May 17, 1951</u> , that I last saw the deceased alive on <u>May 17, 1951</u> , and that death occurred at <u>7:40 P.M.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Harold V. Woods M.D.</u> (Degree or title)			23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>May 18-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elm Spring Church Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Johnson County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-19-51</u>	REGISTRAR'S SIGNATURE <u>Missal C. Sambaro</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>	ADDRESS <u>Independence, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 1 RECD

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
Student Embalmer

Signed Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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 this body is not embalmed, fact should be so, stated above.