

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22803**

FILED JUL 19 1951

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 92

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

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON	c. LENGTH OF STAY (In this place) township) 1 week.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	3108
d. FULL NAME OF HOSPITAL OR INSTITUTION 1317 1/2 Mabel Street		d. STREET ADDRESS (If rural, give location). 500 WOODLAND AVE	

3. NAME OF DECEASED (Type or Print)	a. (First) Catherine	b. (Middle) AGNES	c. (Last) Augustine	4. DATE OF DEATH (Month) (Day) (Year) JUNE 29 1951
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5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 28 1902	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 2 Days 1	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) operator of apartment	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Leavenworth, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Michael Murphy	13b. MOTHER'S MAIDEN NAME Katherine Brennan	14. NAME OF HUSBAND OR WIFE Albert Augustine
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 905-UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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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, asphyxia, 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) Carcinoma of Right Breast		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastatic of lungs 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 170X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 23 JUNE, 1951, to 29 JUNE, 1951, that I last saw the deceased alive on 29 JUNE, 1951, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph W. Luisito M.D.	23b. ADDRESS Trenton Mo.	23c. DATE SIGNED 30 June 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 3 1951	24c. NAME OF CEMETERY OR CREMATORY St. Seaworth mth cemetery	24d. LOCATION (City, town, or county) (State) St. Seaworth, Kansas
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DATE REC'D BY LOCAL REG. July 30 1951	REGISTRAR'S SIGNATURE Jane Jani	25. FUNERAL DIRECTOR'S SIGNATURE Davis - Blackmore ADDRESS Trenton, Missouri
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed J. Gordon Blackmon

Signed.....
Student Embalmer

Licensed Embalmer No. 4602

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