

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31479

State File No.

FILED SEP 20 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3859

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas		b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 4 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairway	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			d. STREET ADDRESS (If rural, give location) 5541 Norwood Road		

3. NAME OF DECEASED (Type or Print) a. (First) Blanche			b. (Middle) C.		c. (Last) Austin		4. DATE OF DEATH (Month) (Day) (Year) Aug. 31st 1952		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 27, 1881		9. AGE (In years or under 1 year or under 1 mo. or under 1 hr. or under 1 min.) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME H. W. Lawrence		13b. MOTHER'S MAIDEN NAME Almeda Wien		14. NAME OF HUSBAND OR WIFE Harry C. Austin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Harry C. Austin Fairway, Kans. 5541 Norwood Rd.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p><i>This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bulbar Type Polio					
		- ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage; Ruptured spleen				6800	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 310 34 1st St. Bldg.		23c. DATE SIGNED 9-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-3-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			

DATE REC'D BY LOCAL REG. 9-2-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Stine & Mc Clure K. C. Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

etc. It means the disease, injury, or complication which caused death.		the underlying cause last.		DUE TO (c)		9/2/52	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Conditions contributing to the death but not related to the disease or condition causing death. <i>hemorrhage - ruptured spleen</i>					
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)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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. HDW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Hugh H. Owens</i> (Degree or title)				23b. ADDRESS <i>1034 Piatt Bldg</i>		23c. DATE SIGNED <i>9-2-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>9/3/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Moriah</i>		24d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>9-2-52</i>		REGISTRAR'S SIGNATURE <i>Seraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Stine & McClure</i>		ADDRESS <i>K. C. MO</i>	

(5) OF 300

-this edit number 11 .010
notations to general state

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 George Trammell

Licensed Embalmer No. 4425-

P. O. Address H. C. Ind

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.