

FILED JUN 3 1954
42500-53

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15724
State File No.
2059
Registrar's No.

BIRTH NO. 429 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) Life

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital # 2

e. STREET ADDRESS (If rural, give location) 2416 E. 9th
31780

3. NAME OF DECEASED
a. (First) Paulette b. (Middle) Austin c. (Last) Austin

4. DATE OF DEATH (Month) (Day) (Year)
May 5, 1954

5. SEX Female

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH 6-29-53

9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.
10 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Kansas City MO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Stanley Austin

13b. MOTHER'S MAIDEN NAME Dorothy Blankenship

14. NAME OF HUSBAND OR WIFE Child

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
Stanley Austin 2416 E. 9th

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined
ANTECEDENT CAUSES
DUE TO (b) Incidental findings: Parenchymatous degeneration of heart, kidney, and liver. Pulmonary atelectasis with interstitial hemorrhage.
DUE TO (c) Incidental findings: Parenchymatous degeneration of heart, kidney, and liver. Pulmonary atelectasis with interstitial hemorrhage.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4222

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5, 19 54, to 5-5, 19 54, that I last saw the deceased alive on 5-5, 19 54, and that death occurred at 8:15 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Frank Ellis MD

23b. ADDRESS 600 E. 22nd St.

23c. DATE SIGNED 5-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE May 8 1954

24c. NAME OF CEMETERY OR CREMATORY Highland Cem

24d. LOCATION (City, town, or county) (State) Kansas City MO

DATE REC'D BY LOCAL REG. 5-8-54 REGISTRAR'S SIGNATURE Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Braham Bruce 2304 Vine St

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Per O. J. Graham*.....

Licensed Embalmer No. *25*.....

P. O. Address *2304*.....

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.