

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23580

State File No.

FILED AUG 8 - 1956

3196

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>3196</u> | |
| 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) 31 yrs. | | c. CITY OR TOWN Kansas City | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General #2 | | | | e. STREET ADDRESS (If rural, give location) 36 2849 Myrtle | | | |
| 3. NAME OF DECEASED (Type or Print) Thayer | | a. (First) | | b. (Middle) Eugene | | c. (Last) Austin | |
| 4. DATE OF DEATH July 20 1956 | | 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Dec. 13, 1899 | | 9. AGE (In years last birthday) 56 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER | | 11. BIRTHPLACE (City and State or Foreign Country) Boham, Texas | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME John Austin | | 13b. MOTHER'S MAIDEN NAME Nona Hudson | | 14. NAME OF HUSBAND OR WIFE Iona 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. 495-10-4895 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Iona Austin, wife 2849 Myrtle | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left lung with metastasis. 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. Pulmonary atelectasis, Bronchopneumonia. | | | | INTERVAL BETWEEN ONSET AND DEATH 162h | |
| 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) | | 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) (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>7-18-56</u> , 19 <u> </u> , to <u>7-20-56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>7-20-56</u> and that death occurred at <u>8:20 Pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) W. R. Peterson M.D. | | | | 23b. ADDRESS 600 East 22nd St. | | 23c. DATE SIGNED 7-24-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 28, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Lincoln | | 24d. LOCATION (City, town, or county) (State) Kans. City, Missouri | |
| DATE REC'D BY LOCAL REG. 7-24-56 | | REGISTRAR'S SIGNATURE Neva Minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. Fn. Hm. 18th & Benton | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson, M.D.

STATE OF ILLINOIS

DEPARTMENT OF HEALTH

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 *Bruce R. Watkins*.....

Licensed Embalmer No. *4574*

P. O. Address *18th & Pine*

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.