

300
1-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Geo. C. Kealhofer

FILED SEP 21 1956

STANDARD CERTIFICATE OF DEATH

30747

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3790

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson 3408					
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Kansas City 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION General Hospital			Length of stay in 1b 22 yrs		d. STREET ADDRESS 3027 Garfield		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE Last AUSTIN ALBERT HERRING				4. DATE OF DEATH Month Day Year Aug 28 1956					
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar 15, 1888		9. AGE (In years last birthday) 68	10. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pattern Maker		10b. KIND OF BUSINESS OR INDUSTRY Clay & Bailey Mfg.		11. BIRTHPLACE (City and state or country) Texarkana, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Frank W. Herring				14. MOTHER'S MAIDEN NAME Becky Wagner					
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. 487-10-2502a		17. INFORMANT Mrs. Tekla T. Herring 3027 Garfield					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of death subarachnoid (a) epidural, subdural hemorrhage & contusion of brain DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Past refusal						INTERVAL BETWEEN ONSET AND DEATH 89 ¹⁰ / ₂₁			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) fell from ladder.							
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m. 8-28-56		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY STATE Jackson, MO	
21. I attended the deceased from _____ to _____ and last saw her/him live on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) D. C. Kealhofer				22b. ADDRESS 6627 Parkside Court		22c. DATE SIGNED 8-28-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-31-56		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Missouri			
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar 1800 Linwood				25. DATE RECD. BY LOCAL REG. 8-29-56		26. REGISTRAR'S SIGNATURE Deva Marshall			

MEDICAL CERTIFICATION

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..... *Arthur Eugene*

Licensed Embalmer No. *49*.....

P. O. Address..... *K.C.*.....

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