Health, Welfare Public Service

300 ... 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005389

STATE FILE NUMBER 873

FILED MAR 9 1959

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

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. MARY'S — Length of stay in 1b 53 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1240 BENNINGTON — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First LESTER Middle LEVI Last AULGUR

4. DATE OF DEATH Month FEB. Day 13, Year 1959

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH MARCH 10, 1883
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months - Days - — IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER
10b. KIND OF BUSINESS OR INDUSTRY SELF
11. BIRTHPLACE (City and state or country) SWEET SPRINGS, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE B. AULGUR
13b. MOTHER'S MAIDEN NAME MARY JANE HARRIS
14. NAME OF HUSBAND OR WIFE AGNES L. AULGUR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO — (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. 487-12-1222 ~~None~~
17. INFORMANT FRED C. AULGUR — Address 1228 MONROE K. C. MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atherosclerosis of Coronary Arteries
DUE TO (c) Arteriosclerotic Cardiovascular Disease
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hypertensive Cardiovascular Disease, Pulmonary embolic 42-1

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 5, 1959, to Feb 13, 1959 and last saw ~~her~~ him alive on Feb 13, 1959
Death occurred at 4 05 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. A. Underwood, M.D.
22b. ADDRESS 5100 E. 24th K.C. MO
22c. DATE SIGNED 2/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB. 16, 1959
23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

24. FUNERAL DIRECTOR ADDRESS C. H. BLACKMAN & SON INC. K.C. MO.
25. DATE RECD. BY LOCAL REG. 2-16-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. A. Underwood

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 .....Bert B. Bennett.....

Licensed Embalmer No. 4656

P. O. Address ....L. C., Mo.

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.