

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009261

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1037

300  
-57

1. PLACE OF DEATH 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, give TOWNSHIP only) OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 401 S. Lawn	Length of stay in lb 45 Yrs.	d. STREET ADDRESS 401 S. Lawn	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last William H. Austin	4. DATE OF DEATH Month Day Year Feb. 23, 1959
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5. SEX Male	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 Dec. 31, 1889	9. AGE (In years) 69 (at birthday)	10. FUNDER YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Well Driller	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Council Grove, Okla.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME George Austin	13b. MOTHER'S MAIDEN NAME Anna Snodderly	14. NAME OF HUSBAND OR WIFE Marjorie Austin
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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 Miss Nina Austin	Address 401 S. Lawn
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carbon monoxide Poisoning</i>	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } 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) <i>numerous abrasions + areas of Ecchymosis</i>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <i>House caught fire. Probably Gas</i>
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20c. TIME OF INJURY Hour Month, Day, Year o.m. 2-23 59 p.m.	<i>explosion 1 2 3</i>
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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, factory, street, office bldg., etc.) <i>Residence</i>	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE MO
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last seen <sup>alive</sup> on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Hugh H. Owens</i>	(Degree or title)	22b. ADDRESS <i>1034 North Blvd</i>	22c. DATE SIGNED <i>2-23-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 26, 1959	23c. NAME OF CEMETERY OR CREMATORY Forest Hill	23d. LOCATION (City, town, or county) Kansas City, Missouri	(State)
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24. FUNERAL DIRECTOR Stine & McClure	ADDRESS 3235 Gillham Pl.	25. DATE RECD. BY LOCAL REG. <i>2-25-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Hugh H. Owens



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 *William M. Zurne*

Licensed Embalmer No. *4648*  
P. O. Address *Kansas City, 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.