

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2617 = 60-019269

FILED VS. MAY 24 1960

149

Primary Registration District No. 1002 Registrar's No.

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <i>Jackson</i>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>26 yrs</i>	c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>319 E 9 Km 319</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>319 E 9</i>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <i>CHARLES A AUST</i>			<b>4. DATE OF DEATH</b> Month Day Year <i>5-9-60</i>			
<b>5. SEX</b> <i>Male</i>	<b>6. COLOR OR RACE</b> <i>White</i>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> <i>11-4-1906</i>	<b>9. AGE (last birthday)</b> <i>53</i>	IF UNDER 1 YEAR Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Butcher</i>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and state or country) <i>Ellis Kansas</i>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <i>USA</i>			<b>13a. FATHER'S NAME</b> <i>Adam F. Aust</i>			
<b>13b. MOTHER'S MAIDEN NAME</b> <i>Emma J. Kroger</i>			<b>14. NAME OF HUSBAND OR WIFE</b> _____			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			<b>16. SOCIAL SECURITY NO.</b> <i>unk</i>	<b>17. INFORMANT</b> Address <i>Charles Aust Ellis, Kans</i>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Death by strangulation</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. <i>Created few Grand mal</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>20b. SUICIDE</b> <input type="checkbox"/>	<b>20c. HOMICIDE</b> <input type="checkbox"/>	<b>20d. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20e. TIME OF INJURY</b> Hour Month, Day, Year a.m. p.m.	<b>20f. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20g. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20h. CITY, TOWN, OR LOCATION</b>	<b>20i. COUNTY</b>	<b>20j. STATE</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <i>Hugh H. Owens Coroner</i>			<b>22b. ADDRESS</b> <i>1034 Riata Bldg</i>		<b>22c. DATE SIGNED</b> <i>5-11-60</i>	
<b>23a. BURIAL OR CREMATION REMOVAL</b> (Specify)	<b>23b. DATE</b> <i>5-12-60</i>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <i>Mt Hope Cem.</i>	<b>23d. LOCATION</b> (City, town, or county) (State) <i>Ellis Kansas</i>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <i>Parentino Bros R.E., Mo</i>		<b>25. DATE RECD. BY LOCAL REG.</b> <i>5-12-60</i>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Thora Marshall</i>			

DOCUMENT

BY AFFIDAVIT OF Hugh H. Owens 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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *A. G. Passantino*

Licensed Embalmer No. 4554

P. O. Address KCMO

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.