

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001426

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

306

STATE FILE NUMBER

FILED FEB 6 1963

VS 300
Rev. 4/59

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DATE AMENDED

1-18-63

INSTEAD OF

KANSAS

SHOULD READ

491-10-5570

ITEM NO.

16

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

188 LOBRY

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1-7-63	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Neurological Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2002 Penn. Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLEMENCE Middle M. Last AUGUSTINE			4. DATE OF DEATH Month 1 Day 17 Year 1963
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-17-1895
9. AGE (last birthday) 66 6/7		IF UNDER 1 YEAR Months 6 Days 6	IF UNDER 24 HR Hours 7 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER, RET.		10b. KIND OF BUSINESS OR INDUSTRY Augustine Boiler works	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY USA.		13a. FATHER'S NAME Anthony Augustine	
13b. MOTHER'S MAIDEN NAME Mary Ann Stephens		14. NAME OF HUSBAND OR WIFE Mary Augustine	
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. 0	
17. INFORMANT Mary Augustine		Address St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Bronchopneumonia.			INTERVAL BETWEEN ONSET AND DEATH 4 days
DUE TO (b) Leukemia			3-4 days
DUE TO (c) Pyelonephritis			4-6 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome w. with cerebral arteriosclerosis.			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
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1-7-1963 to 1-17-1963 and last saw her alive on 1-16-1963 at 11:30 PM Death occurred at 8:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Louise Roery MD		22b. ADDRESS 2625 West Park, N.C. Mo.	
22c. DATE SIGNED 1-17-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-18-63	
23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo	
24. FUNERAL DIRECTOR Neaton Bowman, St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. 1-18-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

USE BLACK INK OR TYPEWRITER RIBBON

JAN 2 1964

FEB 6 1964

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

John R. Bidmon
Licensed Embalmer No. 4531
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.