

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 49

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 31 1963

1. PLACE OF DEATH a. 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) INDEPENDENCE		Length of stay in 1b 15 YEARS	c. CITY OR TOWN INDEPENDENCE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 512 NORTH CRYSLER		Inside Limits YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 512 NORTH CRYSLER
3. NAME OF DECEASED (Type or print) First JAMBS Middle WILLIAM Last AUTHER		4. DATE OF DEATH. Month JANUARY Day 24 , Year 1963	
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 OCT. 30, 1881
9. AGE (last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER		10b. KIND OF BUSINESS OR INDUSTRY COAL MINER	11. BIRTHPLACE (City and state or country) COAL VALLEY, PENN.
		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME ROBERT AUTHER		13b. MOTHER'S MAIDEN NAME ALICE DUGDALE	14. NAME OF HUSBAND OR WIFE AGNES AUTHER
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. [REDACTED]	17. INFORMANT Address AGNES AUTHER 512 NORTH CRYSLER
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis + Hypertension DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH Immediate years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 type="checkbox"/> NO <input checked="" 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 Dec 1950 to 1/25/63 and last saw ^{him} alive on 1/25/63 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) Vance E. Link, M.D.		22b. ADDRESS 10901 winner rd Independence, Mo	22c. DATE SIGNED 1/15/63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-25-63	23c. NAME OF CEMETERY OR CREMATORY REHOATH CEMETERY	23d. LOCATION (City, town, or county) (State) FAYETTE CITY, PENNSYLVANIA
24. FUNERAL DIRECTOR ADDRESS ROLAND R. SPEAKS INDEPENDENCE, MISSOURI		25. DATE RECD. BY LOCAL REG. 1-25-63	26. REGISTRAR'S SIGNATURE Alba L. Craig

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
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 7005
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Doc 21

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1-05-1963

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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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indep. 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.