

FILED JUN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16919

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 196			
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, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 10 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3228		d. STREET ADDRESS (If rural, give location) 1524 Poplar /			
-d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium				3. NAME OF DECEASED a. (First) Everett		b. (Middle) J.		c. (Last) Austin	
4. DATE OF DEATH May 30, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 26, 1896	
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator		10b. KIND OF BUSINESS OR INDUSTRY Self	
11. BIRTHPLACE (State or foreign country) Alabama /				12. CITIZEN OF WHAT COUNTRY? U. S.				13a. FATHER'S NAME James Austin	
13b. MOTHER'S MAIDEN NAME Lou Barnes				14. NAME OF HUSBAND OR WIFE Mrs. Hazel Austin				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	
16. SOCIAL SECURITY NO. 495-07-8765		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Austin						ADDRESS 1524 Poplar	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from May 20, 1951, to May 30, 1951, that I last saw the deceased alive on May 29, 1951, and that death occurred at 8:10 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Shast Graboske M.D.				23b. ADDRESS Independence, Mo.				23c. DATE SIGNED 6/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/2/51		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. JUN 5 1951		REGISTRAR'S SIGNATURE [Signature]		354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K.C. Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 7 RECD

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John B. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 2955-

P. O. Address 1111 7th

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 this body is not embalmed, fact should be so stated above.