

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4714**  
Registrar's No. **492**

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Belton, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>5 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>407 North Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lakeside Hospital</b>			
3. NAME OF DECEASED a. (First) <b>FRANK</b>		b. (Middle) <b>GLENN</b>	
		c. (Last) <b>AUSTIN</b>	
4. DATE OF DEATH <b>Jan. 26, 1954</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>Aug. 11, 1878</b>
9. AGE (In years last birthday) <b>75</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner &amp; manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Lumber</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William A. Austin</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Glenn</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>526-03-1258</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>F. G. Austin, Jr.</b>		ADDRESS <b>720 Pine St. San Francisco, Cal.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Peripheral vascular embolism</b>		<b>6 hrs.</b>	
DUE TO (c) <b>Cardiac decompensation.</b>		<b>6 years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4343</b>	
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)	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 <b>1947</b> , to <b>26 Jan, 1954</b> , that I last saw the deceased alive on <b>26 Jan, 1954</b> , and that death occurred at <b>9:00 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John R. Mc Kee</b> (Degree or title)		23b. ADDRESS <b>Belton, Mo.</b>	
23c. DATE SIGNED <b>29 Jan 1954</b>			
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/30/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Belton, Mo.</b>			
DATE REC'D BY LOCAL REG <b>2-1-54</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. K. George &amp; Sons</b> ADDRESS <b>Belton, Mo.</b>	

**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 .....  
Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Bellon, 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 this body is not embalmed, fact should be so stated above.