

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1060**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b> )	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (In this place) <b>3-DAYS</b>	c. CITY OR TOWN <b>HUME</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>522 GLADSTONE BLVD.</b>		STREET ADDRESS (If rural, give location) <b>0070,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ETHEL</b>	b. (Middle) <b>ALVA</b>	c. (Last) <b>AUTERY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 3-1955</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JULY-5-1885</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- -</b>	9. AGE (In years last birthday) <b>69</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hour _____ Min. _____
11a. FATHER'S NAME <b>JOHN HENRY AUTERY</b>		11b. MOTHER'S MAIDEN NAME <b>ELIZA ELLEN HARPOLE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS</b>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		12b. SOCIAL SECURITY NO. <b>NONE</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. 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.		14. NAME OF HUSBAND OR WIFE <b>- -</b>	

13a. FATHER'S NAME <b>JOHN HENRY AUTERY</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZA ELLEN HARPOLE</b>		14. NAME OF HUSBAND OR WIFE <b>- -</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. GLENN BIGGS</b>	
				ADDRESS <b>522 GLADSTONE KANSAS CITY, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Uremia + chronic nephritis Unknown</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>592X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 **1-1**, 19**55**, to **1-3**, 19**55**, that I last saw the deceased alive on **1-3**, 19**55**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>William H. Miller</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>4620 Independence Ave. K.C. Mo</b>		23c. DATE SIGNED <b>1-4-55</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>Jan 5 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hume Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Hume Missouri</b>	

DATE REC'D BY LOCAL REG. <b>1-5-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.H. Newcomer</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Albert L. Savag*  
Licensed Embalmer No. *481*

P. O. Address *James C*

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.