

FILED MAY 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. **11762**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1542

|   |  |   |                                    |
|---|--|---|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |                                    |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b> |  | c. LENGTH OF STAY (in this place) <b>45 yrs</b>   | c. CITY OR TOWN <b>Kansas City</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>                      |  | STREET ADDRESS (If rural, give location) <b>3123 Central</b>  |                                    |

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|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>PAUL</b>  | b. (Middle) <b>PATRICK</b>                               | c. (Last) <b>AUDLEY</b>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>4 6 55</b> |
| 5. SEX <b>Ma</b>   | 6. COLOR OR RACE <b>Wh</b>                               | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>     | 8. DATE OF BIRTH <b>10-19-1892</b>                     |
| 9. AGE (In years last birthday) <b>62</b>  |  | IF UNDER 1 YEAR Months  | IF UNDER 24 HRS. Hours Min.                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Captain</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>City Fire Dept.</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>             |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>John Audley</b>                                       | 13b. MOTHER'S MAIDEN NAME <b>No Record</b> | 14. NAME OF HUSBAND OR WIFE <b>Grace A. Audley</b>                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>xx</b>          | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Grace A. Audley, 3123 Central, KC Mo</b> |

|   |  |             |                                  |
|---|--|-------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |             | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Vascular-renal</b>  |             | <b>unknown</b>                   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hepatitis - non infectious (n.m.i.)</b> |             | <b>unknown</b>                   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <b>583x</b> |                                  |

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|--|--|--|
| 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 April 1, 1955, to April 5, 1955, that I last saw the deceased  alive on April 4, 1955 and that death occurred at 5:50 A., from the causes and on the date stated above.

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|--|--|--|
| 23a. SIGNATURE <b>Orval T. Needels</b> (Name or title)   | 23b. ADDRESS <b>7400 Wornall K.C. Mo</b> | 23c. DATE SIGNED <b>April 7, 55</b>                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 24b. DATE <b>4-8-55</b>                  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b> |
| 24d. LOCATION (City, town, or county) <b>Kansas City</b> |  | (State) <b>Mo.</b>                                   |

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <b>4-7-55</b> | REGISTRAR'S SIGNATURE <b>Neva Marshall</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wagner Funeral Home, K C Mo.</b> |
|--|--|--|

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

10 A M. - 12:00 Noon  
E 4121

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 *Abrie R. Hausch*

Licensed Embalmer No. *415*

P. O. Address *K. E. W.*

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.