

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26587**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **314**

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>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	c. LENGTH OF STAY (In this place) <b>6 hrs</b>	c. CITY OR TOWN <b>Buckner</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>Sanitarium</b>		e. STREET ADDRESS (If rural, give location) <b>RR 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Roger</b> b. (Middle) <b>S</b> c. (Last) <b>Austin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 19, 1955</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>July 17, 1924</b>
9. AGE (In years last birthday) <b>31</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Independence, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Arthur H. Austin</b>	13b. MOTHER'S MAIDEN NAME <b>Hattie Smart</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW 2</b>	16. SOCIAL SECURITY NO. <b>489 22 6570</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Arthur H. Austin, RR 1 Buckner, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>fractured skull massive epidural haematoma</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Edema lungs</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E9020 21</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>2</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Grain Valley Jackson MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-18-55</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Pushed off concrete Retaining wall</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:25A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Hugh A. Owens Coroner</b>	23b. ADDRESS <b>1034 Rio Vista Bldg</b>	23c. DATE SIGNED <b>8-20-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/21/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Jackson County, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>8-21-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Webb Funeral Home Blue Springs, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

508 30 1959

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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 *Dean W. Huff* .....

Licensed Embalmer No. *491* .....

P. O. Address *Indy, Ind.* .....

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.