

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13119**
Registrar's No. **1403**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1403</u>				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>Over 30 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Gen. Hosp. #2</u>				e. STREET ADDRESS (If rural, give location) <u>1312 E. 25th Street</u>				<u>3470</u>		
3. NAME OF DECEASED (Type or Print) <u>Pearl</u>			a. (First)		b. (Middle) <u>Austin</u>		c. (Last)			
4. DATE OF DEATH <u>April 1, 1956</u>			Month		Day		Year			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 16, 1897</u>		9. AGE (In years last birthday) <u>58</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shirt presser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hillsdale, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Ed Lewis</u>			13b. MOTHER'S MAIDEN NAME <u>Nettie JOHNSON</u>			14. NAME OF HUSBAND OR WIFE <u>Eugene Austin</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>489-24-3869</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Austin</u>				ADDRESS <u>1312 E. 25th Street</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Intestinal Obstruction</u> ANTECEDENT CAUSES DUE TO (b) <u>Strangulated Left Inguinal Hernia</u> DUE TO (c) <u>Toxemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>5610</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <u>J. M. Tillman</u> (Degree or title) <u>Deputy Coroner</u>				23b. ADDRESS <u>M.A. 1618 Lydia Ave</u>				23c. DATE SIGNED <u>4/2/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/2/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillsdale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hillsdale, Kansas</u>				
DATE REC'D BY LOCAL REG. <u>4-2-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Badeau, Appleton & Jones, Inc., K.C., Mo.</u> ADDRESS					

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

11721A

1937

11520A

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..... *Conrad C. Adams, B.S.*

Licensed Embalmer No. 494

P. O. Address... K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.