

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31257-58
58-018010
State File No.

FILED JUN 5 1958

BIRTH NO. 5773 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2594

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD
Richard G. Helman

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (If this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) 2912 Forest		d. STREET ADDRESS (If rural, give location) Independence, Mo. 70050			
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital									
3. NAME OF DECEASED (Type or Print) a. (First) Richard		b. (Middle) NMN		c. (Last) Austin		4. DATE OF DEATH (Month) (Day) (Year) May 19, 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Newborn		8. DATE OF BIRTH May 19, 1958			
9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri			
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Donald Andrew Austin		13b. MOTHER'S MAIDEN NAME Margaret Gail Crossley			
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Newborn - Donald Austin ADDRESS Indep. Mo.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia ANTECEDENT CAUSES 18 wks. gestation Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 747.5	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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 MAY 19, 1958 , to MAY 19, 1958 , that I last saw the deceased alive on MAY 19, 1958 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.									
23. SIGNATURE Richard G. Helman (Death Cert. No.)				23b. ADDRESS 672 Bay Bldg		23c. DATE SIGNED 5/19/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 22, 1958		24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Missouri			
DATE REC'D BY LOCAL REG. 5-22-58		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson & Sons Independence, Mo.					

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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.

not Embalmed

Student
Student Embalmer

Signed *Robert H. Peterson* _____

Licensed Embalmer No. *4697* _____

P. O. Address *July Ma* _____

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.