

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31258-58

58-018011
State File No.

FILED JUN 8 1958
BIRTH NO. _____

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2595

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 township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 2912 Forest	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If rural, give location) Independence	
3. NAME OF DECEASED (Type or Print) a. (First) Ronald		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)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours Min. 15
10a. 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		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) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Donald Austin, Dr. J. M. Newborn	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 18 weeks gestation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 76	
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)	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 12:41 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) Richard G. Helman		23b. ADDRESS 625 Prof Rd	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.	

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

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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
Student Embalmer

Signed *R. Kenneth Peterson* _____

Licensed Embalmer No. *4697* _____

P. O. Address *Indy, 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 this body is not embalmed, fact should be so stated above.