

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040307
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 472

300
1-57

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, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. San. & Hosp.		d. STREET ADDRESS (If outside, give location) 7005 1206 W. Elm	
Length of stay in lb 23 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First RUSH Middle L. Last AUSTIN			4. DATE OF DEATH Month Nov. Day 7, Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 26, 1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Platte, So. Dakota	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ruben Francis Austin	13b. MOTHER'S MAIDEN NAME Clarissa Heberly	14. NAME OF HUSBAND OR WIFE Nona M. Austin
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W. I	16. SOCIAL SECURITY NO. None	17. INFORMANT C. W. Austin, 1300 So. Osage, Indep., Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac hypertrophy & dilatation		INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Syphilitic aortitis with aortic insufficiency	Years
	DUE TO (c) Pulmonary infarction	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary infarction		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 023 X
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1952 to 11-7-58 and last saw ^{him} alive on 11/6/58 Death occurred at 1:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Drs. Grabske & Link (Degree or title)	22b. ADDRESS 10901 Winner, Indep., Mo.	22c. DATE SIGNED 11-7-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-10-58	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) Independence, Mo.
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24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-10-58	26. REGISTRAR'S SIGNATURE James S. Craig
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Secretary, coroner, etc., must use any standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Raymond T. Abeman*
Licensed Embalmer No. *4266*
P. O. Address *Independence, 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.