

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043957
STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6111

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN (If outside, give location) <i>Kansas City</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>523 W 12th</i>		Length of stay in lb <i>4 Days</i>	d. STREET ADDRESS (If outside, give location) <i>523 W 12th</i>
3. NAME OF DECEASED (Type or print) First <i>ALBERT</i> Middle <i>ALLEN</i> Last <i>AUGUSTINE</i>			4. DATE OF DEATH Month <i>12</i> Day <i>24</i> Year <i>58</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar 12 - 1893</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Book Binder</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Automobile</i>	9. AGE (In years last birthday) <i>65</i>
11. BIRTHPLACE (City and state or country) <i>Osby, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>John Augustine</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Carter</i>	14. NAME OF HUSBAND OR WIFE <i>Katherine Agnes</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes</i>		16. SOCIAL SECURITY NO. <i>486-05-2979</i>	17. INFORMANT Address <i>4929</i> <i>Mrs Juanita Katlin Rosewood</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a), (b) or (c). <i>Patient & A Doctor</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 _____
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Hugh H Owens Coroner</i>		22b. ADDRESS <i>1034 Pinalto Bldg</i>	22c. DATE SIGNED <i>12-26-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Reburied</i>	23b. DATE <i>12-27-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Leo's Mt. Cem</i>	23d. LOCATION (City, town, or county) (State) <i>St. Leo Kansas</i>
24. FUNERAL DIRECTOR <i>Sebbets K.C. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12-26-58</i>	26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hugh H. Owens

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, ~~of~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Forrest D. Callanow*

Licensed Embalmer No. *4714*

P. O. Address *K. O. 3rd*

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.