

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 21 1950

State File No. **12845**  
**1452**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>17 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>1121 W. 75th St.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1121 W. 75th St.</b>			d. STREET ADDRESS (If rural, give location) <b>1121 W. 75th St.</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ralph</b> b. (Middle) <b>W.</b> c. (Last) <b>Bessey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-28-50</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 25, 1900</b>		9. AGE (In years last birthday) <b>50 4/9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired -Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Standard Oil Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Jacob N. Bessey</b>		13b. MOTHER'S MAIDEN NAME <b>Lena S. Teats</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Jayene Bessey</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-10-0746</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Jayene Bessey, 1121 W. 75th, K.C., Mo</b>		
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Astrocytoma, right temporal</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 yr</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>193A</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?
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22. I hereby certify that I attended the deceased from **Nov. 8, 1949**, to **March 27, 1950**, that I last saw the deceased alive on **March 27, 1950**, and that death occurred at **9:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Carl H. Reitz</b> (Degree or title)		23b. ADDRESS <b>404 1/2 W. 75th KCS Mo</b>		23c. DATE SIGNED <b>3-28-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3-30-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Chanute, Kansas</b>		
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DATE REC'D BY LOCAL REG. <b>3-29-50</b>		REGISTRAR'S SIGNATURE <b>M. D. U. Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FREEMAN MORTUARY &amp; CHAPEL, KANS. CITY, MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Walter H. Bennett*

Licensed Embalmer No. *4438*

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 this body is not embalmed, fact should be so stated above.