

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20074

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2496

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>65 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u> <u>758</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>4912 THE PASEO 310</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEON</u> b. (Middle) <u>ATKINSON</u> c. (Last) <u>BEATTY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-2-1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY-4-1875</u>	9. AGE (In years last birthday) <u>75 YEARS</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-POLICE GUNNER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. POLICE DEPARTMENT</u>	11. BIRTHPLACE (State or foreign country) <u>MOBERLEY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>CHARLES E. BEATTY</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCES ATKINSON</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. DORA BEATTY</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>496-09-9989</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DORA BEATTY</u> ADDRESS <u>4912 THE PASEO KANSAS CITY MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 Feb., 1950, to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 10:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. B. Boyer</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>R. G. 2nd 5529 Troost Ave</u>	23c. DATE SIGNED <u>June 2, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>JUNE-5-1950</u>	24c. NAME OF CEMETERY OR CREMATORIAL <u>FOREST HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-5-50</u>	REGISTRAR'S SIGNATURE <u>Steraldine Holman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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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 *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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.