

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20789

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 5643		Registrar's No. 534			
1. PLACE OF DEATH a. COUNTY Lafayette				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 Concordia, Missouri		c. LENGTH OF STAY (in this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, MO 3178		d. STREET ADDRESS (If rural, give location) 628 GARFIELD			
d. FULL NAME OF HOSPITAL OR INSTITUTION Died on National Highway No 50									
3. NAME OF DECEASED (Type or Print) a. (First) KIETH b. (Middle) WILLARD c. (Last) BEYEMER			4. DATE OF DEATH June 17 1950						
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 13 - 1929	9. AGE (in years last birthday) 20	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 3	IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Worker		10b. KIND OF BUSINESS OR INDUSTRY DAIRY		11. BIRTHPLACE (State or foreign country) BOYLE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CLAUDE BEYEMER			13b. MOTHER'S MAIDEN NAME ICY GOODNIGHT		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 512-24-242		17. INFORMANT'S SIGNATURE OR NAME JOSEPH S. GLASSON ADDRESS 628 GARFIELD KANSAS CITY, MO					
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 Shock & hemorrhage from ruptured splenic artery & spleen Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Compound fracture of femur ③ Fr. tibia & fibula ④ F. 7.6.78 DUE TO (c) Multiple contusions & lacerations Conditions contributing to the death but not related to the disease or condition causing death + unknown due to severe motor car collision				INTERVAL BETWEEN ONSET AND DEATH 1 16 20	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operation			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Motor car accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) No 50 highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Concordia Lafayette Mo.					
21d. TIME OF INJURY 6-17 - 7:45 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car he was driving collided with tracks					
22. I hereby certify that I attended the deceased from called out coroner, 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at ___ m., from the causes and on the date stated above.									
23a. SIGNATURE H.P. Martin MD coroner				23b. ADDRESS Odesse Mo		23c. DATE SIGNED 6-17-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE June 19-50		24c. NAME OF CEMETERY OR CREMATORY KING'S PRATIE Cemetery		24d. LOCATION (City, town, or county) (State) MOIETT, MO			
DATE REC'D BY LOCAL REG. June 19-1950		REGISTRAR'S SIGNATURE Clayton H. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE E. A. James. Concordia, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 28

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7/6/50

JUL 10 1950

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

E. S. James

Signed _____
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.