

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1950

State File No. **32672**
Registrar's No. **1162**

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 1162	
1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 5-Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			d. STREET ADDRESS (If rural, give location) 1606 North 2nd Street		
3. NAME OF DECEASED (Type or Print) Beezie		a. (First)	b. (Middle) Loftus	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never Married		8. DATE OF BIRTH Sept. 29, 1871	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) County Mayo, Ireland	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Rt. Rev. James P. Brady ADDRESS 1606 No. 2nd.	
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* (a) Cancer of the Larynx ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ✓ DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aspirator Mellitus			INTERVAL BETWEEN ONSET AND DEATH 16 1/2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) m.		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 April , 19 50 , to Oct 15 , 19 50 , that I last saw the deceased alive on Oct 14, 1950 , and that death occurred at 8:30A.m. , from the causes and on the date stated above.					
23a. SIGNATURE John L. Byrne (Degree or title)			23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 10-16-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 17, 50	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
DATE REC'D BY LOCAL REG. Oct 18, 1950		REGISTRAR'S SIGNATURE Carl C. Casby 4410		25. FUNERAL DIRECTOR'S SIGNATURE Herrmann W. Eidenbach ADDRESS 1802 Union St	

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

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4201 2 16-20

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.

Signed.....
Student Embalmer

Signed Robert H. Yaple.....

Licensed Embalmer No. 3308.....

P. O. Address St Joseph, 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.