

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36920

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4468

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>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alma</u>	
c. LENGTH OF STAY (In this place) <u>17 days</u>		<u>0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Major Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTRUDE</u> b. (Middle) <u>MARGARETT</u> c. (Last) <u>CHRISTIE BEYERLEIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 24 50</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-25-1903</u>	9. AGE (In years last birthday) <u>46</u>	10. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>West Ely, Mo.</u>	

13a. FATHER'S NAME <u>J.G. Lahenbauer</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Schachtsick</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Beyerlein</u>	
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>XX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Beyerlein, Alma, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Occlusion of the coronary arteries</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteries</u>			<u>Sudden</u>
		DUE TO (c) <u>Monie depression psychosis</u>			<u>4 1/2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Depression Type with cerebral</u>			<u>4 1/2 01</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>arteries sclerotic</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 10-7, 1950, to 10-24, 1950, that I last saw the deceased alive on 10-24, 1950, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Herman S. Major</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>3100 Euclid Ave K.C. Mo.</u>		23c. DATE SIGNED <u>10/24/50</u>	
24a. BURIAL CREMATORY (Specify) <u>Burial</u>		24b. DATE <u>10-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Alma, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>10-24-50</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Wagner K. C. Mo.</u>	
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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 357

Ralph Baughman
working under my personal supervision.

Student Embalmer No. 357

Signed Ralph Baughman
Student Embalmer

Signed Alvin R. Hannechild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.