No. 300
10-48

0

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

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26782

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3280

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 49 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): TRINITY LUTHERAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 26108
d. STREET ADDRESS (If rural, give location): 4228 BELLEFONTAINE AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): OSCAR
b. (Middle): CLEVELAND
c. (Last): BEERY

4. DATE OF DEATH (Month) (Day) (Year): JULY. 30. 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUGUST 2 - 1883
9. AGE (In years last birthday): 67
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AUDITOR
10b. KIND OF BUSINESS OR INDUSTRY: WESTINGHOUSE
11. BIRTHPLACE (State or foreign country): CONVERSE MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN T. BEERY
13b. MOTHER'S MAIDEN NAME: COCHRAN
14. NAME OF HUSBAND OR WIFE: MRS. ALICE W. BEERY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 486-09-9859
17. INFORMANT'S SIGNATURE OR NAME: MRS. ALICE W. BEERY
ADDRESS: 4228 BELLEFONTAINE 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Pathologist *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE David M. Gibson (Degree or title): David M. Gibson M.D.
23b. ADDRESS: Univ. Kansas Medical Center
23c. DATE SIGNED: 7/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG-1-1951
24c. NAME OF CEMETERY OR CREMATORY: FLORAL HILLS CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 8-1-51
REGISTRAR'S SIGNATURE: Geraldine Holman
25. FUNERAL DIRECTOR'S SIGNATURE: O. H. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....
Student Embalmer

Signed Bernard L. Thorsen

Licensed Embalmer No. 4250

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.