

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1153

State File No. 211

FILED JAN 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>211</u>	
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, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY OR TOWN <u>Kansas City, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1427 Central St. 2nd fl.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-1952</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Janie</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Beil</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 14 1901</u>	
9. AGE (in years last birthday) <u>50</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Superwoman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elementary teacher BAMA</u>		11. BIRTHPLACE (State or foreign country) <u>Clarksburg Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James R Luster</u>		13b. MOTHER'S MAIDEN NAME <u>Cara Hess</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Beil</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-07-6177</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Beil</u> ADDRESS <u>1427 Central -</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Henropentoneum acule</u> 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) <u>Henorrhagic Discharges</u> DUE TO (c) <u>Acute Myocytic Leukemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2047</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or See bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.							
23a. SIGNATURE <u>Russell W. Kerr</u> (Degree or title) _____				23b. ADDRESS <u>St Joseph Hosp</u>		23c. DATE SIGNED <u>13 Jan 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-15-52</u>		24c. NAME OF CEMETERY OR GREMATORY <u>Mt Pleasant Tipton</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>1-15-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France Warnall</u> ADDRESS <u>Funeral Home</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*Diathesis*

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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.....

*Russell N France*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4255*

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.