

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24354**  
**3055**

**AUG 4 1952**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>3 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		3.578			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rake Sides Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3220 Myrtle Ave</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Michael</b> b. (Middle) <b>EUGENE</b> c. (Last) <b>Beasley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 2 52</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>MARCH 2-1949</b>		9. AGE (In years last birthday) <b>3 yrs</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
13a. FATHER'S NAME <b>FLOYD Eugene Beasley</b>			13b. MOTHER'S MAIDEN NAME <b>CATHERINE SEXTON</b>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Lorene Sexton</b> ADDRESS <b>3505 Fernmount</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bilateral Lobar Pneumonia</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>5 day</b> <b>4908</b>	
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) _____		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 <b>June 30, 1952</b> , to <b>July 2, 1952</b> , that I last saw the deceased alive on <b>July 2, 1952</b> and that death occurred at <b>2:20 PM</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Carl T. Moore</b> (Degree or title) <b>DO</b>				23b. ADDRESS <b>6425 E. 37th K.C. 3 mo</b>		23c. DATE SIGNED <b>7-4-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>July 5-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT MORIAH</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>			
DATE REC'D BY LOCAL REG. <b>7-5-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>DW NEWBORN'S SONS</b> ADDRESS <b>1001 Grandway</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles H. Stuchmy

Licensed Embalmer No. 4560

P. O. Address 1400 W. 1st St.

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.