

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31490**
Registrar's No. **4151**

BIRTH (MO, DAY, YEAR) 1 10 52		REG. DIST. NO. 147	PRIMARY REG. DIST. NO. 1002	Registrar's No. 4151	
1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON		
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 34 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 3rd 8		
d. FULL NAME OF HOSPITAL OR INSTITUTION HAZELWOOD NURSING HOME 3231 Prospect Ave			d. STREET ADDRESS (If rural, give location) 3227 Lockridge Avenue		
3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) MARGARET c. (Last) Beckford			4. DATE OF DEATH (Month) (Day) (Year) Sept 18 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH APRIL 17-1891	9. AGE (In years last birthday) 81 # UNDER 1 YEAR: Months Days # UNDER 1 MRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) FULTON, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JAMES HARRISON SIMPSON		13b. MOTHER'S MAIDEN NAME JOSEPHINE CUMMINGS	14. NAME OF HUSBAND OR WIFE JOHN FRANKLIN BECKFORD		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 493.26.2729	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. DAVID AUSTIN BROWN 3227 Lockridge Avenue ST. CINCINNATI, OHIO		
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) Malnutrition ANTECEDENT CAUSES Advanced Cerebral Arteriosclerosis with advanced mental degeneration DUE TO (b) relaxation with advanced mental degeneration 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 over 6 wks over 7 years 334X
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) (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 Oct 10, 1945 , to Sept 18, 1952 , that I last saw the deceased alive on Sept 16, 1952 , and that death occurred at 5:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Glenn H. Broyles (Degree or title) M.D.			23b. ADDRESS 1232 Professional Bldg.		23c. DATE SIGNED Sept 19 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT-22-1952	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS
DATE REC'D BY LOCAL REG. 9-22-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons, Kansas City, Mo 331 BRUSH CREEK	

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

1832 Professional Body
11-4
S-F En 11/11/98

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

John P. Bidmon

Licensed Embalmer No. 4531

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.