

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **9711**
 Registrar's No. **1226**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1226**

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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 600 West 56th Street		d. STREET ADDRESS (If rural, give location) 600 West 56th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Sidney b. (Middle) T. c. (Last) Beetho			4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1953		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 12 - 1866		9. AGE (In years less birthday) 86		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Louisville, Kentucky				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Houison Thompson		13b. MOTHER'S MAIDEN NAME KATHERINE WESTBY		14. NAME OF HUSBAND OR WIFE Charles T. Beetho			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Charles T. Beetho, 600 West 56th Street K.C., Mo.			
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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						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia						2 days	
		ANTECEDENT CAUSES							
		DUE TO (b) Arteriosclerotic Heart Disease with congestive failure						2 Years	
		DUE TO (c) General Arteriosclerosis						5 Years	
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.						4200	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **August, 1951**, to **26 Feb., 1953**, that I last saw the deceased alive on **25 Feb., 1953**, and that death occurred at **1:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Philip G. Kaul M.D.		23b. ADDRESS 711 Nichols Road, K.C., Mo.		23c. DATE SIGNED 26 Feb. 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB. 28, 1953		24c. NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY		24d. LOCATION (City, town, or county) (State) ST. PAUL, MINNESOTA	
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DATE REC'D BY LOCAL REG. 2-28-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer Sons, Kansas City, Mo.	
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(Licensed Embalmers' 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 _____

Chester K Brown

Student Embalmer No. 476

working under my personal supervision.

Student *Chester K Brown*
Student Embalmer

Signed *Edward M. Storey*

Licensed Embalmer No. 4452

P. O. Address 14214 NW

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.