FILED JUL 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20715

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 756

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Meth. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
d. STREET ADDRESS (If rural, give location) 920 No. 6th St.

0117

3. NAME OF DECEASED (Type or Print)
a. (First) EMIL
b. (Middle) H.
c. (Last) ~~BEYERS~~ Beyer

4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-3-1878
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboroer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Wilma Beyers

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. Unknown
17. INFORMANT'S SIGNATURE OR NAME Wilma ~~Beyers~~ Beyer, 920 No. 6th St. ADDRESS City

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) Pulmonary Embolis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Phlebo Thrombosis of lower extremity — Ukn.
DUE TO (c) Post operative infected Bilateral Inguinal Herniorrhaphy & Paralytic ileus — 16 days

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

5600

19a. DATE OF OPERATION 6-17-53
19b. MAJOR FINDINGS OF OPERATION Post Operative infected Bilateral Inguinal Herniorrhaphy & Paralytic ileus
20. AUTOPSY? YES ☐ 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 6-7- *, 19* 53 *to* 7-3 *, 19* 53 *that I last saw the deceased alive on* 7-3 *, 19* 53*, and that death occurred at* 10:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE Owen Dewey (Degree or title) MD
23b. ADDRESS Tootle Bldg. St. Joseph, Mo.
23c. DATE SIGNED 7-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 8, 1953
24c. NAME OF CEMETERY OR CREMATORY Mt. Mora
24d. LOCATION (City, town, or county) St. Joseph, Mo. (State)

DATE REC'D BY LOCAL REG. July 10, 1953
REGISTRAR'S SIGNATURE Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS St. Joseph, Mo.

(Licensed Embalmer's 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~~ .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Buchanan } ss.

State File No. 20715
Local Registrar's No. 756

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28th day of July, 1953, before me appears John E. Rupp, who, upon his oath, states that the original record of death for Emil H. Beyers, died July 3, 1953, in the State of Missouri, and which was filed at St. Joseph, Mo. on July 6, 1953, should be corrected as follows:

Item No. 3 should read Emil H. Beyer
Instead of Emil H. Beyers

Item No. ____ should read ____
Instead of ____

Item No. 17 should read Wilma Beyer, 920 No. 6th St., City
Instead of Wilma Beyers, 920 No. 6th St., City

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John E. Rupp Undertaker
Relationship.

6054 Pryor Ave.,
St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 28th day of July, 1953

My Commission expires March 30, 1955 Julia L. Rupp Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
4-43
I. X38667

1953
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