

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24625

State File No. ....

FILED JUL 24 1953

3400

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3400

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</u>	c. LENGTH OF STAY (in this place) <u>33 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>332 NORTH HARDESTY AVE</u>		e. STREET ADDRESS (If rural, give location) <u>332 NORTH HARDESTY AVENUE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIS</u> b. (Middle) <u>FREDERICK</u> c. (Last) <u>BEAGLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 5 1953</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 3 1918</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GRAIN INSPECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN ELEVATOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ROSEDALE KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>SHIRLEY R. BEAGLE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY EDNA BARTLETT</u>	14. NAME OF HUSBAND OR WIFE <u>MARION GENEVIEVE BEAGLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>512-10-9819</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. MARION GENEVIEVE BEAGLE</u> ADDRESS <u>332 N. HARDESTY KANSAS CITY MO</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lupus Erythematosus Diseminata</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>45<sup>6</sup>X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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, 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 January, 1947, to July 5, 1953, that I last saw the deceased alive on July 5, 1953, and that death occurred at 2:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul A. G. Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>5111 Linden Ave. N.C. Mo</u>	23c. DATE SIGNED <u>July 6 '53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 8 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>7-8-53</u>	REGISTRAR'S SIGNATURE <u>L. Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>10 W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>	

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

10:50:00:10

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.....  
Signature of Student Embalmer

Signed *Robert J. Boyer*.....

Licensed Embalmer No. *4892*.....

P. O. Address *Drexel, Pa.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.