

THE DIVISION OF HEALTH OF THE STATE OF KANSAS  
STANDARD CERTIFICATE OF DEATH

State File No. **25144**  
**3373**

No. 300  
10-48

BIRTH NO. **FILED JUL 24 1953** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** 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>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>222 N. 16th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vineyard Park Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>BEAULAH SEARING</b>			4. DATE OF DEATH <b>July 4, 1953</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 29, 1903</b>	9. AGE (in years last birthday) <b>50 yrs.</b>	10. UNDER 1 YEAR <b>Days</b>	11. UNDER 24 HRS. <b>Hours</b>	12. UNDER 48 HRS. <b>Mins.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Claude C. Edwards</b>	13b. MOTHER'S MAIDEN NAME <b>Ethel Jones</b>	14. NAME OF HUSBAND OR WIFE <b>Frank W. Searing</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>512-01-8871</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank W. Searing</b>	ADDRESS <b>222 N. 16th</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombosis of pulmonary veins</b>			<b>3 days</b>
	DUE TO (c) <b>Asterial Sclerosis</b>			<b>2 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <b>7-2-53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Lobroid tumor of ovary</b>	20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <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) (Min.)	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 **6-25, 1953**, to **7-4, 1953**, that I last saw the deceased alive on **7-4, 1953**, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. L. Smith</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>652 Indiana Ave K.C. Mo.</b>	23c. DATE SIGNED <b>7-5-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/7/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Pk. Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Ks.</b>
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DATE REC'D BY LOCAL REG <b>7-6-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. F. Polen</b>	ADDRESS <b>K.C. Ks.</b>
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(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 Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address 19th & Minnesota K.

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.