

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1211

FILED FEB 11 1954

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 158

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 (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>23 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>900 East 9th</u> <u>3128</u>			
3. NAME OF DECEASED (Type or Print) <u>RUSSELL</u>		a. (First)		b. (Middle) <u>FRANCIS</u>		c. (Last) <u>BEBOU</u>	
4. DATE OF DEATH <u>Jan. 10 - 1954</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>Aug. 18 - 1893</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Self.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Penn!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jules F. Bebout</u>		13b. MOTHER'S MAIDEN NAME <u>Esther Wabel</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen M. Bebout</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>yes</u> <u>W.W.I.</u>		16. SOCIAL SECURITY NO. <u>089-01-7933</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ellen Miller Bebout</u>		ADDRESS <u>900 East 9th</u> <u>K.C., 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary edema - Emphysema</u>							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>5221</u>			
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 <u>Sept</u> , 19 <u>53</u> , to <u>Jan 10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan 10</u> , 19 <u>54</u> , and that death occurred at <u>3:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ralph S. Casford</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Pl. Med. Bldg</u>		23c. DATE SIGNED <u>1/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 13 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-12-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman</u> ADDRESS <u>San Fran?</u>			

(Licensed Embalmer's Statement on Reverse Side)

H.C. Moore

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

2nd 5616

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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 *W.C. Rinne*.....

Licensed Embalmer No. *481*

P. O. Address *A.C. M.*

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.