

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10-48

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2

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

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (In this place) <u>104 x 4 No 3</u>	c. CITY OR TOWN <u>Kan City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp No 3 - Nevada</u>		e. STREET ADDRESS (If rural, give location) <u>2900 Waldren</u> <u>2388</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Armand</u> b. (Middle) <u>—</u> c. (Last) <u>Beverforden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov-3 1911</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>office boy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>labor</u>	9. AGE (In years last birthday) <u>42</u> If UNDER 1 YEAR: Months <u>7</u> Days <u>26</u> If UNDER 1 HRS. Hours <u>—</u> Min. <u>—</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward A. Beverforden</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Maish</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give post or dates of service) <u>unknown</u>	
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records - State Hosp No 3, Nevada Mo</u> ADDRESS <u>—</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>Malum Epilepticus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Spasms with convulsive disorders</u> DUE TO (b) <u>Epilepsy</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>Oct 26 1953</u> to <u>June 29 1954</u> , that I last saw the deceased alive on <u>June 29 1954</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Schuster, M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hosp No 3, Nevada Mo</u>	
23c. DATE SIGNED <u>June 29 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> b. DATE <u>6-29-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>local</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-7-'54</u>	REGISTRAR'S SIGNATURE <u>Armand G. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Mulcahey & Sons</u> ADDRESS <u>Kansas City Mo</u>	

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.....
Licensed Embalmer No. 4669
P. O. Address Nevada, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.