

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22920Registrar's No. 2887BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo. b. COUNTY Jackson	
b. CITY OR TOWN Kansas City (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN Kansas City (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) 30 years		d. STREET ADDRESS (If rural, give location) 630 East 70th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Ernest	b. (Middle) Ross	c. (Last) Beverley	4. DATE OF DEATH (Month) (Day) (Year) June 24, 1954
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5. SEX D Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15, 1904	9. AGE (In years last birthday) 49 years IF UNDER 1 YEAR Months IF UNDER 4 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) owner.	10b. KIND OF BUSINESS OR INDUSTRY The Time Products Co.,	11. BIRTHPLACE (State or foreign country) Kansas City, Kas.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME J.C. Beverley	13b. MOTHER'S MAIDEN NAME Mary Kron	14. NAME OF HUSBAND OR WIFE Mildred C. Beverley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-09-6009	17. INFORMANT'S SIGNATURE OR NAME Mrs Mildred C. Beverley	ADDRESS 630 E. 70th.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarct, post-wall left ventricle		1 day
	ANTECEDENT CAUSES	DUE TO (b) Thrombosis-circumflex branch left coronary	1 day
	Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.	DUE TO (c) Arterial nephro sclerosis, hypertrophied, marked, heart	6 months
II. OTHER SIGNIFICANT CONDITIONS	Mural thrombosis, right auricular appendage, pulmonary embolism and		10 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION infarct, right lower lobe	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) (Min.)	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 3-10-54, 1954, to 6-24-54, 1954, that I last saw the deceased alive on 6-24-54, 1954, and that death occurred at 10.45 A.M. on the causes and on the date stated above.

23a. SIGNATURE Graham Asher <i>Graham Asher M.D.</i>	(Degree or title) M.D.	23b. ADDRESS 1220 Professional Building	23c. DATE SIGNED 6-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Auto)	24b. DATE June 26, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24d. LOCATION (City, town, or county) (State) Kansas City, Kas.
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DATE REC'D BY LOCAL REG. 6-26-54	REGISTRAR'S SIGNATURE <i>Seraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE Thomas E. Quirk	ADDRESS 4316 Troost Ave.
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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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Thomas E. Quirk

Licensed Embalmer No.

P. O. Address

3775m
[Signature]

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.