

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40798

State File No. ....

5781

BIRTH NO. 95053-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>1 1/2 days</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>St. Mary's Hospital</u>		STREET ADDRESS (If rural, give location) <u>911 Pennsylvania</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Beasley, Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-17-54</u>	
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>12-16-54</u>
9. AGE (In years last birthday) <u>-</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>15</u> Min. <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Gerald Joseph Beasley</u>	
13b. MOTHER'S MAIDEN NAME <u>Lorna Jean Wakefield</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dated of service)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gerald J. Beasley</u>		ADDRESS <u>911 Pennsylvania</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>7544</u>	
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>12/16</u> 19 <u>54</u> to <u>12/17</u> 19 <u>54</u> , that I last saw the deceased alive on <u>12/17</u> 19 <u>54</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>Frank A. O'Connell MD</u>		22b. ADDRESS <u>327 Ogden Bldg.</u>	
22c. DATE SIGNED <u>12/17/54</u>		23. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem</u>	
24a. PORTAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-20-54</u>	
24c. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cassanova Brad</u>	
25. ADDRESS <u>KC Mo</u>		DATE REC'D BY LOCAL REG. <u>12-18-54</u>	
REGISTRAR'S SIGNATURE <u>neva minshall</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Cassanova Brad</u>	

WRITE PLAINLY IN UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Frank A. O'Connell

---

---

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 *Ronald C. Passantini*.....

Licensed Embalmer No. *455*.....

P. O. Address *Kc, 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.