

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4640

State File No. \_\_\_\_\_

314

BIRTH NO. \_\_\_\_\_ 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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>55 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		STREET ADDRESS (If rural, give location) <u>200 S. Jackson</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>LUCY</u>	b. (Middle) <u>M.</u>	c. (Last) <u>BEVACQUE</u>	(Month) <u>1</u> (Day) <u>24</u> (Year) <u>55</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 13, 1887</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Italy 5</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Philip O'Leary</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Genova</u>	14. NAME OF HUSBAND OR WIFE <u>Sam Bevacque</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Bevacque</u> ADDRESS <u>200 S. Jackson - 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardio-vascular Disease</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 Nov., 1947, to Jan. 24, 1955, that I last saw the deceased alive on Jan. 23, 1955, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Douglas</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Brookside Plaza 6305 KCMO</u>	23c. DATE SIGNED <u>1-24-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eydar</u> ADDRESS <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-24-55</u>	REGISTRAR'S SIGNATURE <u>Meva Minshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

H. Douglas  
6305 Brookside  
Em. 4364  
Tel. 12-1

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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.....  
*Arthur Eugene Haak*

Licensed Embalmer No. 490

P. O. Address.....  
*K.C. 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.