

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36741**

FILED DEC 6 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4939

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 10 days	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mission	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) E. c. (Last) Beasley		4. DATE OF DEATH (Month) (Day) (Year) Nov. 14 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 17 1892
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	11. BIRTHPLACE (City and State or Foreign Country) / COUNTRY? Garnett, Kansas USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Brown Straus Steel	
13a. FATHER'S NAME Anthony Beasley		13b. MOTHER'S MAIDEN NAME Susan Hufford	
13c. FATHER'S NAME Anthony Beasley		14. NAME OF HUSBAND OR WIFE Dorothy E. Beasley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 487-09-5298	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy E. Beasley (Wife)		17. ADDRESS Mission, Kan	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis liver. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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)		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?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 31 Oct 1953 , to 14 Nov 1953 , that I last saw the deceased alive on 14 Nov 1953 , and that death occurred at 12:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE R. W. Carbaugh M.D.		23b. ADDRESS Mission, Kan	
23c. DATE SIGNED 15 Nov 55		23c. DATE SIGNED 15 Nov 55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 16 1955	
24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
DATE REC'D BY LOCAL REG. 11-15-55		REGISTRAR'S SIGNATURE Neve Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE Simmons Funeral Home KCK		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home KCK	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Donna K. James

Licensed Embalmer No. 4828

P. O. Address: K. C. K.

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.