

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43264

BIRTH NO. _____		REG. DIST. NO. <u>193</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5764</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY OR TOWN <u>KANSAS CITY NORTH</u>		c. LENGTH OF STAY (in this place) <u>2 YRS.</u>		c. CITY OR TOWN <u>KANSAS CITY NORTH</u>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> No <input type="checkbox"/> Yes	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>330 N. MAIN</u>				STREET ADDRESS (If rural, give location) <u>330 N MAIN</u> 5068			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES EDWARD</u>			b. (Middle) _____		c. (Last) <u>BEARDON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 31 1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify?) <u>DIVORCED</u>		8. DATE OF BIRTH <u>OCT 13, 1909</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DUNCAN BROS.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Hauling</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>STANTON, NEB.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>IRA JOSEPH BEARDON</u>		13b. MOTHER'S MAIDEN NAME <u>MAGGIE M. SWIGERT</u>		14. NAME OF HUSBAND OR WIFE <u>SARAH BEARDON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>		16. SOCIAL SECURITY NO. <u>508-09-112A</u>		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>TRAUM FUNERAL HOME (803 4th St. FAIRBURY, NEB.)</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Home BURNED</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>E9160</u> <u>16</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>KANSAS CITY NORTH, CLAY, MO.</u> (COUNTY) <u>CLAY</u> (STATE) <u>MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-31-55</u> a. _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House burned</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>O. S. Pate</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>North Kansas City, Mo.</u>		23c. DATE SIGNED <u>1/5/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN 6 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Powell</u>		24d. LOCATION (City, town, or county) (State) <u>FAIRBURY NEB</u>	
DATE REC'D BY LOCAL REG. <u>1-6-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. newcome's sons, n.-k.c. mo.</u>		ADDRESS _____	

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

9561 27 833  
FEB 17 1956

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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Glenn H. Hill.....

Licensed Embalmer No. 465

P. O. Address N.C. 16

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.