

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16319

2160

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>Vernon</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City,</u>			c. LENGTH OF STAY (in this place) <u>5 Weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada,</u>			1087	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital K.C.Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>X</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Beulah</u>		b. (Middle) <u>Eva</u>		c. (Last) <u>Dege</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1956</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>July 21, 1894</u>		9. AGE (In years last birthday) <u>61</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>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Her Self</u>		11. BIRTHPLACE (State or foreign country) <u>Forbes City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John F. Klopp</u>		13b. MOTHER'S MAIDEN NAME <u>Evelena Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Adolph H. Dege</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Kenneth D. Decker K.C. Kansas</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..				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PERITONITIS AND RENAL FAILURE</u>				ANTECEDENT CAUSES DUE TO (b) <u>Perforated ileum</u> DUE TO (c) <u>Dehiscence following surgery</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>FOR PERFORATED DUODENAL ULCER @ NEVADA, Mo 10 DA. PREVIOUSLY</u>								<u>5411</u>
19a. DATE OF OPERATION <u>4-26-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>PERFORATED ILEUM AND PERITONITIS</u>				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 <u>4-25-</u> , 19 <u>56</u> , to <u>5-15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-14-</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>George O. Miles</u> (Degree or title)				23b. ADDRESS <u>Plaza Time Bldg' K.C., Mo</u>		23c. DATE SIGNED <u>5-17-56</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>5-18-56</u>		REGISTRAR'S SIGNATURE <u>neval minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Echternacht FUNERAL HOME</u> <u>1318 QUINDARO BLVD.</u> <u>KANSAS CITY 2, KANSAS</u>				

(Licensed Embalmer's Statement on Reverse Side)

KANSAS CITY 2, KANSAS

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

300
46

No. 1000

STATEMENT BY LICENSED EMBALMER

Date of Death

Name of Deceased

Place of Death

Date of Embalming

Name of Embalmer

Address of Embalmer

City and State of Embalmer

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

Signature *Harold B. Eckerman*

Licensed Embalmer No. 3035

P. O. Address *Co. Co. Co.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.