

State File No. 30115

FILED OCT 3 1956

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Register's No.	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Ia b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN S. Benton		c. LENGTH OF STAY (In this place) 57		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN S. Benton		200	
d. FULL NAME OF HOSPITAL OR INSTITUTION 320 Jervis Ave.				d. STREET ADDRESS (If rural, give location) 320 Jervis Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) JESSE W. B. b. (Middle) BEYDLER c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) 9-21-56			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-24-1899	
9. AGE (In years last birthday) 57		10. UNDER 1 YEAR Months Days		11. BIRTHPLACE (City and State or Foreign Country) Jesse, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming			
13a. FATHER'S NAME Isaac W. Beydler				13b. MOTHER'S MAIDEN NAME Daisy Geyerly		14. NAME OF HUSBAND OR WIFE Leva Beydler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war/dates of service) no				16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Leva Beydler, Jesse, Mo.	
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) Congestive heart disease. ANTECEDENT CAUSES DUE TO (b) Ventricular Aneurysm DUE TO (c) Acute Myocardial Infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio-sclerotic Heart disease, valvular			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4200			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Aug. 27, 1956, to Sept. 14, 1956, that I last saw the deceased alive on Sept. 14, 1956, and that death occurred at 4:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Clarence W. Erickson M.D.				23b. ADDRESS 217 National Bank Bldg. Pittsburg, Kansas		23c. DATE SIGNED Sept. 26-	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-23-56		24c. NAME OF CEMETERY, OR CREMATORY Brookside Cem.		24d. LOCATION (City, town, or county) (State) S. W. Jervis Ave. Mo.	
DATE REC'D BY LOCAL REG. 9-30-56				25. FUNERAL DIRECTOR'S SIGNATURE Jimmie J. Thompson			
REGISTRAR'S SIGNATURE				ADDRESS J.P. King, Jervis Ave. Mo.			
(Licensed Embalmer's Statement on Reverse Side)							

(Licensed Embelmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.