

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30586**  
**4016**

BIRTH NO. **57999-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>3 1/2 hrs</b>	c. CITY OR TOWN <b>Kansas City</b>	Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>3358</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Mary's Hospital</b>		STREET ADDRESS (If rural, give location) <b>2932 Guster</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>(A)</b> b. (Middle) c. (Last) <b>Beckman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 12 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>Sept 12 1956</b>	9. AGE (in years) (Month) (Day) (Year) IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS: Hours Min. <b>3   30</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Allen Beckman</b>	13b. MOTHER'S MAIDEN NAME <b>Beryl Lee Bahret</b>	14. NAME OF HUSBAND OR WIFE <b>Infant</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Allen Beckman 2932 Guster</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>774 h</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Immaturity (22 weeks gestation)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature labor</b> DUE TO (c) <b>Polyhydramnios</b>		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-12, 1956**, to **9-12, 1956**, that I last saw the deceased alive on **9-12, 1956** and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Kenneth Nicolay MD</b> (Degree or title)	23b. ADDRESS <b>4635 Wyandotte</b>	23c. DATE SIGNED <b>9-13-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 14 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-18-56</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hilke Funeral Home 2915 Rimwood</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

The Kennel 11/11/11  
4635 Myanditts  
Va 1-2400

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ <sup>not</sup> embalmed  
by me, or by not embalmed....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... Chas E. Wilks.....

Licensed Embalmer No. 2644.....

P. O. Address 140 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.