

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41349

STATE FILE NUMBER

FILED JAN 14 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5516

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in lb 37 yrs	d. STREET ADDRESS 3533 Agness Hosp.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMETT Middle A. Last BEAVEN			4. DATE OF DEATH Month 12 Day 19 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 22 Feb 1898	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Yard Clerk		10b. KIND OF BUSINESS OR INDUSTRY Mo-Ks-Texas R. R.	11. BIRTHPLACE (City and state or country) Lebanon, Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Thomas A. Beaven			14. MOTHER'S MAIDEN NAME Lillian E. Mudd		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) None		16. SOCIAL SECURITY NO. 702-10-1829	17. INFORMANT Emmett A Beaven, Jr. Address 444 E. 22nd St. K.C. Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure					sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Arterio Sclerotic Heart Disease					Unknown
DUE TO (c)					4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour: Month, Day, Year a. m. None p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-11-50 to 12-19-56 and last saw her alive on 12-18-56 Death occurred at 7:50 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) James W Downey M. D.		22b. ADDRESS 475 E 13th K.C. Mo		22c. DATE SIGNED 12-19-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-21-1956		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar F. H.		25. DATE RECD. BY LOCAL REG. 12-20-56		26. REGISTRAR'S SIGNATURE Neva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
James W. Downey

Death, disease, or injury must be casually related. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

The Day
428
O. 2-7975

12-CP

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.....
Signature of Student Embalmer

Signed *James E. Hackle*

Licensed Embalmer No. *75*

P. O. Address *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.