

FILED JAN 14 1957

STANDARD CERTIFICATE OF DEATH

41351

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5553

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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS 1649 HARDESTY AVE	
3. NAME OF DECEASED (Type or print) First ARRA Middle NETTA Last BEENEY		4. DATE OF DEATH Month DEC Day 20 Year 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 13. 1887
9. AGE (In years last birthday) 69	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) BLYTHE DALE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME JACOB A. BAKER		14. MOTHER'S MAIDEN NAME NANCY ROGERS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT JOSEPH BEENEY		Address 1649 HARDESTY AVE. KANSAS CITY, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Biliary cirrhosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma pancreas- DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) peptic ulcer pyrenum			INTERVAL BETWEEN ONSET AND DEATH 2 mos 3 years 157 &
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 _____ a. m. _____ 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		CITY, TOWN, OR LOCATION	
21. I attended the deceased from 1952 to Dec 20, 1956 and last saw her ^{him} alive on 20 Dec 1956 Death occurred at 10:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Warrent Wilhelm M.D. (Degree or title)		22b. ADDRESS 710 Prof. Bldg, KC 6 Mo	
22c. DATE SIGNED 22 Dec 1956			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE DEC 22 1956	23c. NAME OF CEMETERY OR CREMATORY DAK LAWN CEMETERY	23d. LOCATION (City, town, or county) (State) CAINSVILLE MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 12-23-56	
ADDRESS 1331 BRUSH CR. H.C. MO.		26. REGISTRAR'S SIGNATURE neva minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Warren F. Wilhelm

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Paul R. Williamson*.....

Licensed Embalmer No. *509*

P. O. Address *Overland*
Kansas

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.