

FILED AUG 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24969

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5374 Registrar's No. 154

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural - Van Buren</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, M</u>	
c. LENGTH OF STAY (In this place) <u>5 Min.</u>		d. STREET ADDRESS (If rural, give location) <u>324 West 12th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 Mi. W. Johnson Co. Line on 50</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>Emmett</u>	c. (Last) <u>Beaman</u>	4. DATE OF DEATH: (Month) (Day) (Year) <u>7 27 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Sept. 29, 1887</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Electric</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Beaman</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Erwin</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>WW I</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary C. Brown, 1910 Armour Rd. North.</u>
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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, asthma, 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>Chronicured Lungs & Crushed Chest</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8234	

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) <u>Accident Highway</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>700 Jackson mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-27-57</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>A Car Ran off of Highway</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Missouri Renewal Carrier</u>	23b. ADDRESS <u>1034 Pratt Bldg</u>	23c. DATE SIGNED <u>7-29-57</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 31, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ft. Leavenworth, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>7-29-1957</u>	REGISTRAR'S SIGNATURE <u>N. B. Langsford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Langsford Funeral Home, Lee's Summit</u>
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(Licensed Embalmer's Statement on Reverse Side)

Missouri

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

No. 300
10-48

AUG 5 1957

AUG 9 1957
AUG 30 1957

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 *N. B. Langford*

Licensed Embalmer No. *4962*

P. O. Address *Lee's Summit, 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 this body is not embalmed, fact should be so stated above.