. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35670
STATE FILE NUMBER 4682

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph's Hosp — Length of stay in Hospital: 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Atchison
c. CITY OR TOWN: Atchison — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 902 Ann Str — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Elsie Middle: M. Last: Bewley

4. DATE OF DEATH: Month: Oct Day: 8 Year: 1957

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: May 31, 1909 **9. AGE** (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife **10b. KIND OF BUSINESS OR INDUSTRY**: home **11. BIRTHPLACE** (City and state or country): Holton, Kansas **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Melvin D. Trial **13b. MOTHER'S MAIDEN NAME**: Laura V. Floyd **14. NAME OF HUSBAND OR WIFE**: Luther C. Bewley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**: 514-05-8556 **17. INFORMANT**: Luther C. Bewley Address: Atchison Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): General Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ruptured Duodenal ulcer — 12 hrs
DUE TO (c): 5H11
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 ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-7-57, to 10-8-57 and last saw her alive on 10-8-57
Death occurred at 8:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. M. Ketcham (Degree or title): MD **22b. ADDRESS**: KC Mo **22c. DATE SIGNED**: 10-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE**: 10-9-57 **23c. NAME OF CEMETERY OR CREMATORY**: — **23d. LOCATION** (City, town, or county) (State): Atchison Kansas

24. FUNERAL DIRECTOR: Sawin-Dyer Mortuary **ADDRESS**: Atchison Kans. **25. DATE RECD. BY LOCAL REG.**: 10-10-57 **26. REGISTRAR'S SIGNATURE**: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

W. M. Ketcham

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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 John R. Sidman

Licensed Embalmer No. 4531

P. O. Address Kansas City

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.