...t. Health,
..., & Welfare
...S. Public
...lth Service

...S. 300
...v. 1-57

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

97667-57

47204
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6178

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL INSTITUTION (If NOT in hospital, give location) TRINITY LUTHERN — Length of stay in 1b 1Hr48Min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3835 Park Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Robert Middle Lee Last Beckham

4. DATE OF DEATH Month December Day 28 Year 57

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 12/28/1957
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours 1 Min. 58

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

13a. FATHER'S NAME Remmel D. Beckham
13b. MOTHER'S MAIDEN NAME Juanita Burns
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No None
16. SOCIAL SECURITY NO. None
17. INFORMANT Address R. D. Beckham 3835 Park Ave KC. Mo.

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) Umbilicale
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 1 hr.
7562
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 12-28-57, to 12-28-57 and last saw him alive on 12-28-57
Death occurred at 9:35 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Otto W. Theel M.D.
22b. ADDRESS 4301 Main St.
22c. DATE SIGNED 12-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-29-57
23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem
23d. LOCATION (City, town, or county) (State) Kansas City Kans

24. FUNERAL DIRECTOR Gates Funeral Home ADDRESS K.C. Kan
25. DATE RECD. BY LOCAL REG. 12-28-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Otto W. Theel

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Nov 1, 3 1969

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. 5009

P. O. Address Overland Park

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.