FILED JAN 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

542
STATE FILE NUMBER

Registration District No. 57 Primary Registration District No. 5196 Registrar's No.

1. PLACE OF DEATH
a. COUNTY CARROLL
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOSWORTH TWP. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY SALINE
c. CITY OR TOWN OSAWATOMIE KANSAS Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 108 E MAIN, (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JESSIE Middle LADESKA Last BEERLEY
4. DATE OF DEATH Month JAN Day 4 Year 1958
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH JULY 21-1881
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 8 Days 20 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 —
11. BIRTHPLACE (City and state or country) KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN FREDERICK KIEFFER
14. MOTHER'S MAIDEN NAME ANNIE BURNSIDE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT CLIFTON KIEFFER Address BOSWORTH M.O.

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) Cerebral ~~Hemorrhage~~ Embolism — INTERVAL BETWEEN ONSET AND DEATH a few hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 332X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Arteriosclerotic Heart Disease
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 Jan 3, 1958, to Jan 3, 1958 and last saw her ~~him~~ alive on Jan 3, 1958
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John H. Platz, MD (Degree or title)
22b. ADDRESS Carrollton, Missouri
22c. DATE SIGNED 1-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE JAN. 6-1958
23c. NAME OF CEMETERY OR CREMATORY OSAWATOMIE KANSAS
23d. LOCATION (City, town, or county) OSAWATOMIE (State) KANSAS.
24. FUNERAL DIRECTOR Leonard Edwards ADDRESS Bonner Springs
25. DATE RECD. BY LOCAL REG. Jan 9-1958
26. REGISTRAR'S SIGNATURE Pearl Koch

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually 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 e

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David J. Edwards

Licensed Embalmer No...3.

P. O. Address Bonnie

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.