

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005354
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 837

300
1-57

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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <u>416 E. 61 Texas</u>		Length of stay in 1b <u>35 yrs</u>	d. STREET ADDRESS <u>416 E 61st Texas</u>		(If outside give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>James W.</u> Middle <u></u> Last <u>Beaven</u>			4. DATE OF DEATH <u>Feb 15 '1958</u> Month <u>Feb</u> Day <u>15</u> Year <u>'1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 3, 1890</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Comp. Shop 610 Third</u>	11. BIRTHPLACE (City and state or country) <u>Lebanon, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Thomas A. Beaven</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie E. Mudd</u>		13c. NAME OF HUSBAND OR WIFE <u>Perma Beaven</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>#86-20-5866</u>	17. INFORMANT Address <u>Miss Marion Beaven, 416 East 61 Texas</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>chronic Myocarditis</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>42"</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1.5 min.</u> <u>5 yrs</u> <u>3 yrs</u>
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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>					
20d. INJURY OCCURRED WHILE AT <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	COUNTY	STATE
21. I attended the deceased from <u>1927</u> to <u>2-15-1958</u> and last saw her alive on <u>Feb 10-1958</u> Death occurred at <u>4 P.M. Date above</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Allen L. Hearst MD</u>			22b. ADDRESS <u>5715 Brankwood Ave</u>		22c. DATE SIGNED <u>2-17-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-18-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>K. C., Mo.</u>		
24. FUNERAL DIRECTOR <u>Melody - McKelley - Egan</u>		ADDRESS <u>Woodland - Leawood</u>	25. DATE RECD BY LOCAL REG. <u>2-17-58</u>	26. REGISTRAR'S SIGNATURE <u>neva Minshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Allen L. Hearst
All diseases in Part I must be causally related.

No. 012 J. Howard
5115 Brookwood
6124-8900

1-5 PM



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 James W. Warr

Licensed Embalmer No. 4650

P. O. Address K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.