

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033120

STATE FILE NUMBER

FILED SEP 23 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 393

S. 300
1-57

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Jackson) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Independence 7005 |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2910 Hawthorne | | Length of stay in 1b 32 Yrs. | d. STREET ADDRESS (If outside, give location) 2910 Hawthorne |
| | | | Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First GENEVE Middle NEOLA Last BEUGIN | | | 4. DATE OF DEATH Month 9 Day 18 Year 1958 | | |
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|-------------------------|----------------------------------|---|--------------------------------------|---|---------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1-31-1923 | 9. AGE (In years birthday) 35 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|-------------------------|----------------------------------|---|--------------------------------------|---|---------------------------|--------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | 11. BIRTHPLACE (City and state or country) Garland, Kansas. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Charles M. Woodard | 13b. MOTHER'S MAIDEN NAME Bonnie Meek | 14. NAME OF HUSBAND OR WIFE Louis Emil Beugin |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> or unknown) (If <input checked="" type="checkbox"/> , give year <input checked="" type="checkbox"/> service) | 16. SOCIAL SECURITY NO. 494 16 7809 | 17. INFORMANT Address Louis E. Beugin 2910 Hawthorne |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis from left breast | | INTERVAL BETWEEN ONSET AND DEATH 7/5/58 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | 170X | |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 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 |
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| 21. Attended the deceased from 7/5/58 to 9/18/58 and last saw her alive on 8/7/58 Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <i>J. P. Young M.D.</i> (Degree or title) | 22b. ADDRESS 1401 S.W. Blvd K.C. Mo. | 22c. DATE SIGNED 9/18/58 |
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| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial | 23b. DATE 9-20-1958 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri |
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| 24. FUNERAL DIRECTOR Floral Hills Mem. Chapels, Inc | ADDRESS Floral Hills Mem. Chapels, Inc | 25. DATE RECD. BY LOCAL REG. 9-19-58 | 26. REGISTRAR'S SIGNATURE <i>J. P. Young</i> |
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Social, 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

MEDICAL CERTIFICATION

