

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036262
STATE FILE NUMBER
4831

300
1-57

FILED OCT 29 1958 Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 4831

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY ⁹¹⁵⁶
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes		Length of stay in lb R. DAYS	d. STREET ADDRESS (If outside, give location) 3117 South 39th. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARJORIE ANN BEIL			4. DATE OF DEATH Month Day Year Oct 12 1958
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 Sept 11-1901
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Glasgow Missouri U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME J. O. HERYFORD	13b. MOTHER'S MAIDEN NAME L. NORA DUNKLE
14. NAME OF HUSBAND OR WIFE John P. Beil		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. 514 34 5865
17. INFORMANT John P. Beil		Address 3117 South 39th KANSAS	
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 artery hemorrhage. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH 321+
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <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 6/29/57 to 10/12/58 and last saw her alive on 10/12/58 Death occurred at 9:30 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert W. Hamill, M.D.		22b. ADDRESS 4650 J.C. NICHOLS Pkwy K.C. Mo	
22c. DATE SIGNED 10/14/58		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE Oct 14-1958		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem	
23d. LOCATION (City, town, or county) Johnson Co		STATE KANSAS	
24. FUNERAL DIRECTOR States Funeral Home		ADDRESS KANSAS CITY, KAN	
25. DATE RECD. BY LOCAL REG. 10-14-58		26. REGISTRAR'S SIGNATURE Neva Minshall	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



MS NOV 4 1955

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 B. 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.