

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013162

STATE FILE NUMBER

MAY 13 1959

Registration District No. 149

Primary Registration District No. 10.02

Registrar's No. 1977

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	013 ⁰⁰ CITY OR TOWN Kidder
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in lb 3 weeks	d. STREET ADDRESS (If outside, give location) Kidder
3. NAME OF DECEASED (Type or print) First Middle Last Nancy L. Beaumont			4. DATE OF DEATH Month Day Year April 20, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 21, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 87
11. BIRTHPLACE (City and state or country) Kidder, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Beaumont		13b. MOTHER'S MAIDEN NAME Helen Rice	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Evergreen, Address Colorado Miss Crystal Beaumont (Neice)
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture, femur, right, intertrochanteric			INTERVAL BETWEEN ONSET AND DEATH 21 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial failure			9040
DUE TO (c) Uremia, terminal			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 23			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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 Month, Day, Year 3:00 p.m. March 30, 1959			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION 013 COUNTY Missouri STATE
21. I attended the deceased from March 31, 59 to April 20, 59 and last saw her alive on April 20, 59 Death occurred at 7:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Garrett Pipkin M.D.		22b. ADDRESS 304 East 12th 409 Argyle Bldg. - K.C.Mo.	22c. DATE SIGNED 4/21/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 22, 59	23c. NAME OF CEMETERY OR CREMATORY Kidder Cemetery	23d. LOCATION (City, town, or county) (State) Kidder (Caldwell) Missouri
24. FUNERAL DIRECTOR Simmons Funeral Home		ADDRESS K.C.Kans.	25. DATE RECD. BY LOCAL REG. 4-21-59
			26. REGISTRAR'S SIGNATURE Neva Marshall

MEDICAL CERTIFICATION
Garrett Pipkin USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Donald H. Simmons, Student Embalmer No. 562 working under my personal supervision.

Student *Donald H. Simmons*
Signature of Student Embalmer

Signed *H. Simmons*

Licensed Embalmer No. 3903

P. O. Address K.C. Kans.

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.