

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017606

STATE FILE NUMBER
Registrator's No. 2500

LED JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
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 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Linwood Nursing Home		Length of stay in lb 19 yrs.	d. STREET ADDRESS (If outside, give location) 5509 1/2 Truman Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Milton Middle K. Last Beshore			4. DATE OF DEATH Month May Day 19 Year 1959		
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5. SEX male	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. 28, 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman	10b. KIND OF INDUSTRY International Harvester Company	BIRTHPLACE (City and state or country) York, County, Pa.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Beshore	13b. MOTHER'S MAIDEN NAME Mary Keller	14. NAME OF HUSBAND OR WIFE Nelle F. Beshore
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or of unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 500-10-7068A	17. INFORMANT Nelle Beshore Address 5509 1/2 Truman Rd. K.C., Mo.
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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) Acute Pulmonary edema Coronary Sclerosis Chronic Myocarditis DUE TO (b) 4201 DUE TO (c) Generalized Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 weeks unknown unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio Sclerotic Gangrene Rt foot 3 weeks		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Raytown, Missouri
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21. I attended the deceased from 5-19-59 to 5-19-59 and last saw him alive on 5-19-59 Death occurred at 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) J. A. Kienberger MD	22b. ADDRESS 5246 St John	22c. DATE SIGNED 5/20/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE May 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery	23d. LOCATION (City, town, or county) Raytown, Missouri
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24. FUNERAL DIRECTOR Barp & Sons ADDRESS 4707 Truman Rd. K.C., Mo.	25. DATE RECD. BY LOCAL REG. 5-20-59	26. REGISTRAR'S SIGNATURE Nelle Marshall
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P. A. Kienberger USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Kienberger
5246 St John.

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. Carp*

Licensed Embalmer No. *4622*
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.