

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017607

STATE FILE NUMBER
REGISTRAR'S NO. 2420

FILED 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 2611 E 29th | | Length of stay in lb 34 years | d. STREET ADDRESS (If outside, give location) 2611 E. 29th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last MARY E Beullens | | | 4. DATE OF DEATH Month Day Year MAY 12 1959 |
| 5. SEX Female | 6. COLOR OR RACE Cauc. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 19, 1893 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Lexington, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Patrick Glenn | |
| 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE FRANK Beullens | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT FRANK Beullens Address 2611 E 29th |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) arteriosclerotic heart DUE TO (c) disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility | | | INTERVAL BETWEEN ONSET AND DEATH 1200 |
| 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.) | | 20c. TIME OF INJURY Hour Month, Day, Year 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 | |
| 21. I attended the deceased from 1957 to 5-12-1959 and last saw her/him alive on May 11-59 Death occurred at 5:05 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE James E. Griffin, Jr. (Degree or title) | | 22b. ADDRESS 3900 Paces N. Kansas City, Missouri | |
| 22c. DATE SIGNED 5/15/59 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE May 16, 1959 | | 23c. NAME OF CEMETERY OR CREMATORY OLIVE T CEMETERY | |
| 23d. LOCATION (City, town, or county) Kansas City, Missouri | | 24. FUNERAL DIRECTOR Muehlebach ADDRESS 600 TROOST | |
| 25. DATE RECD. BY LOCAL REG. 5-15-59 | | 26. REGISTRAR'S SIGNATURE neva minchall | |

All diseases in Part I must be causally related.

James E. Griffin, Jr.
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Griffin
No. 1-3150
Plaza mid Blvd.
2-4 Thur

Dr. Griffin - 100
3900 - Passes
to 1-4650

2-4820

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Election official shows

2-19-1873
+
2-19-1874 (1937)

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 R. E. Nichols

Licensed Embalmer No. 4997
P. O. Address L. P. 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.

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