

MURI DIVISION - OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959 149

59-039918

STATE FILE NUMBER

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

5392

UNDEAD

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS City</u> Length of stay in 1b <u>36 YEARS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>KANSAS City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3410 Garfield</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3410 Garfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3410 Garfield</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>William Charles Beegle</u>			4. DATE OF DEATH Month Day Year <u>November 10, 1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 6, 1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil & Pumping STATION</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Water Company</u>		11. BIRTHPLACE (City and state or country) <u>Whiting KANSAS</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles A. Beegle</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET FINK</u>		
14. NAME OF HUSBAND OR WIFE <u>Edith A. Beegle</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-09-1345A</u>		
17. INFORMANT <u>MRS. Edith Beegle</u>		Address <u>3410 Garfield</u>				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Failing Compensation</u> DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Chronic Glomerular Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>6 years</u> <u>8 years</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Accident in 1953</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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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 a.m. p.m. Month, Day, Year					
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 June - 1956 to Nov. 10 - 1959 and last saw ^{her}him alive on 10/15/59
 Death occurred at 8:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>A. E. Vaughn, D.O.</u>	22b. ADDRESS <u>1333 Linwood, K. C.</u>	22c. DATE SIGNED <u>11/10/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 12, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Flopal Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS City Missouri</u>
24. FUNERAL DIRECTOR <u>Muehlebach</u>		ADDRESS <u>6800 TROST</u>	25. DATE RECD. BY LOCAL REG. <u>11-10-59</u>
26. REGISTRAR'S SIGNATURE <u>Irene Minshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF A. E. VAUGHN

Dr. Vaughan
1223 Linwood.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

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 K.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.