

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002068

FILED VS FEB 9 1960

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 35 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>INDEPENDENCE</u>		c. CITY OR TOWN <u>INDEPENDENCE</u>	
b. CORPORATE INSTITUTION (Specify) <u>RUPAN TRAPPE</u>		Length of stay in lb <u>45 yrs</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JACKSON CO. HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>515 SOUTH OSAGE</u>	

3. NAME OF DECEASED (Type or print) First <u>RAY</u> Middle <u>-</u> Last <u>BEEM SR.</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>30</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>5-30-1895</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCERYMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Food</u>		11. BIRTHPLACE (City and state or country) <u>SMITH CENTER, KS.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>ALONZO BEEM</u>		13b. MOTHER'S MAIDEN NAME <u>LAUVN JOSLYN</u>		14. NAME OF HUSBAND OR WIFE <u>LORA BEEM</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>497-40-3904</u>	17. INFORMANT <u>LORA BEEM</u> Address <u>BLUE SPRINGS, Mo.</u>
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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) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Extreme Exogenous Obesity</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
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21. I attended the deceased from Jan 29, 1960 to Jan 29, '60 and last saw him alive on Jan 24, 1960  
Death occurred at 9:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Robert S. Wassner MD</u>		22b. ADDRESS <u>10901 Linnell Rd, Indep, Mo</u>		22c. DATE SIGNED <u>2/1/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-2-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cemetery</u>	23d. LOCATION (City, town, or county) <u>INDEPENDENCE</u>	(State) <u>Mo</u>

24. FUNERAL DIRECTOR <u>ROLAND R. SPEAKS</u> ADDRESS <u>Indep. Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-2-1960</u>	26. REGISTRAR'S SIGNATURE <u>D. B. Langford</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Rollie Tesau

Licensed Embalmer No. 4690

P. O. Address Indep.

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.