

URR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 26 1960 49

-60-026717
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3483

ENDED

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>240 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Research Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7219 E. 99 St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> #	
3. NAME OF DECEASED (Type or print) First Middle Last <u>George James Beatz</u>			4. DATE OF DEATH Month Day Year <u>July 3, 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>March 15, 1891</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. of Press Room</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Star</u>	11. BIRTHPLACE (City and state or country) <u>Junction City Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph Beatz</u>		13b. MOTHER'S MAIDEN NAME <u>Antonia Lasavage</u>		14. NAME OF HUSBAND OR WIFE <u>Lila T. Beatz Same</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>unknown</u>	17. INFORMANT Address <u>Lila T. Beatz 7219 E. 99th. st. K. C. Mo.</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>Cardiac tamponade</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>pericardial effusion</u>			<u>7 days</u>	
		DUE TO (c) <u>chronic glomerular nephritis & uricemia</u>			<u>6 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 <u>3 Jan 51</u> to <u>3 July 60</u> and last saw him alive on <u>2 July 60</u> Death occurred at <u>7:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Jack M Davis M.D.</u> (Degree or title)			22b. ADDRESS <u>Raytown Mo</u>		22c. DATE SIGNED <u>5 July 60</u> (Date)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/6/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u>	23d. LOCATION (City, town, or, county) <u>Kansas City Mo.</u>			
24. FUNERAL DIRECTOR <u>Stine & McClure</u>		ADDRESS <u>K. C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-5-60</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

DOCUMENT

BY AFFIDAVIT OF Jack M. Davis MEDICAL CERTIFICATION

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 Edw D. Jipke

Licensed Embalmer No. 4817

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.