

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034631

FILED VS. SEP 26 1960 149

Primary Registration District No. 1002 Registrar's No. 4624

STATE FILE NUMBER 60-034631

NDED

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		Length of stay in 1b 65 YRS.		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 2610 E. 7th. St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2610 E. 7th. St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JOSEPH Middle ALBERT Last BECK				4. DATE OF DEATH Month SEPTEMBER Day 8 Year 1960									
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 12-10-1894		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE				10b. KIND OF BUSINESS OR INDUSTRY K.C. Power + Light		11. BIRTHPLACE (City and state or country) Chopman, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME John Beck				13b. MOTHER'S MAIDEN NAME MARY Barretts				14. NAME OF HUSBAND OR WIFE MARY BECK					
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. 496-01-4969		17. INFORMANT MRS. Mary BECK - 2610 E 7th. St.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Carotid Occlusion								INTERVAL BETWEEN ONSET AND DEATH months					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis Carotid Arteries								months					
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Generalized Arteriosclerosis								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 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 s.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 5-16-60 to 9-8-60 and last saw her/him alive on 9-5-60 Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Robert L. Ward, M.D.						22b. ADDRESS 4126 St John			22c. DATE SIGNED 9-10-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-10-1960		23c. NAME OF CEMETERY OR CREMATORY ELMWOOD			23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI			(State)			
24. FUNERAL DIRECTOR C.H. Blackman & SON - K.C., Mo.				25. DATE RECD. BY LOCAL REG. 9-10-60		26. REGISTRAR'S SIGNATURE A.L. Dwyer							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert L. Ward

Dr. Robt Ward
4126 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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address H. C. ; 7th

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.