

**MRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-042366**

FD VS DEC 14 1960

146 Primary Registration District No. 3026 Registrar's No. 572

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Length of stay in 1b <b>6 Mo</b>	c. CITY OR TOWN <b>Independence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kentucky &amp; Dickerson Rds</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1301 No Dickerson Rd</b>		
3. NAME OF DECEASED (Type or print) First <b>HERBERT</b> Middle Last <b>BEAMAN</b>			4. DATE OF DEATH Month <b>November</b> Day <b>30</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/16/1911</b>	9. AGE (last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Building Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and state or country) <b>Rock City Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Homer Beaman</b>		13b. MOTHER'S MAIDEN NAME <b>Edna Vansandt</b>		14. NAME OF HUSBAND OR WIFE <b>Bernice Beaman</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 2</b>		16. SOCIAL SECURITY NO. <b>+96-01-5343</b>		17. INFORMANT Address <b>Bernice Beaman 1301 Dickerson Rd</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushed Chest Both Legs fractured.</b> DUE TO (b) <b>Head</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Autism &amp; Infections</b>				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 checked="" 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.) <b>Pedestrian struck by a car</b>				
20c. TIME OF INJURY Hour <b>7:10</b> p.m. Month, Day, Year <b>11-30-60</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, town, factory, street, office bldg., etc.) <b>Highway</b>	20f. CITY, TOWN, OR LOCATION <b>Jackson</b>	COUNTY <b>MO</b>	STATE	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>Joseph A. Owens Coroner</b>		22b. ADDRESS <b>152 Union Station</b>		22c. DATE SIGNED <b>12-26</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec 5 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Washington Cem</b>	23d. LOCATION (City, town, or county, State) <b>Kansas City Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Shell Funeral Home Kansas City Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 5-1960</b>	26. REGISTRAR'S SIGNATURE <b>James J. Lewis</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

