RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-045905
STATE FILE NUMBER

FILED VS DEC 19 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6124

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: App. Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Walnut Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3522 Walnut — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MRS. BESSIE Middle G. Last BEACH
4. DATE OF DEATH: Month Dec. Day 5, Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-16-1874
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Springfield, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Wm. H. McMillan
13b. MOTHER'S MAIDEN NAME: Elizabeth Morrison
14. NAME OF HUSBAND OR WIFE: Bolivar Beach
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.: none
17. INFORMANT: Mrs. Elizabeth B. McCall — Address: Alhambra, Calif.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Edema	12 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pneumonia and Cerebral Thrombosis	72 Hrs
DUE TO (c)	Arteriosclerosis, Generalized.	10 yrs.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1 Nov. 1960, to 5 Dec 60 and last saw her alive on 1 AM.
Death occurred at 5 Dec 60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wallace H. Graham M.D. (Degree or title)
22b. ADDRESS 318 Argyle Bldg. K.C., Mo.
22c. DATE SIGNED 6 Dec 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-7-60
23c. NAME OF CEMETERY OR CREMATORY: Locust Grove Cemetery
23d. LOCATION (City, town, or county) (State): Shanandoah, Iowa

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar — ADDRESS: 1800 E. Linwood
25. DATE RECD. BY LOCAL REG.: 12-6-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Wallace H. Graham — MEDICAL CERTIFICATION — DOCUMENT

Lv. Italia
Argyle T

HA1-011

Tues 1:30- 4

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_____ Signed Lloyd F. Dickmor
Signature of Student Embalmer

Licensed Embalmer No. 5120

P. O. Address K. C., Mo

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