

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045908

FILED VS. DEC 3, 0 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6253 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Platte			
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 1 DAY		c. CITY OR TOWN PARKVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) ST. LUKES HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. #2 BOX 95		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM FRANCIS BEATZ				4. DATE OF DEATH Month Day Year DEC 10 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/25/93	9. AGE (last birthday) 67	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) PRESSROOM FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY K. C. STAR		11. BIRTHPLACE (City and state or country) JUNCTION CITY, WIS.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JOSEPH BEATZ		13b. MOTHER'S MAIDEN NAME ANTONIO LESAVAGE		14. NAME OF HUSBAND OR WIFE NELL B. BEATZ			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 486-10-4163		17. INFORMANT MRS. NELL B. BEATZ PARKVILLE, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from Enlarged Veins DUE TO (b) Laennec's Cirrhosis of the Liver DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 4 days 4 years	
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 NO	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 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 Oct. 1956 to Dec. 10, 1960 and last saw him alive on Dec. 10, 1960 Death occurred at 5:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W.A. Slentz, M.D.				22b. ADDRESS 4620 Nichols Parkway K.S. Mo.		22c. DATE SIGNED 12-12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE DEC. 14, 1960	23c. NAME OF CEMETERY FORT LEAVENWORTH NATIONAL CREEK		23d. LOCATION (City, town, or county) LEAVENWORTH KANSAS		(State)
24. JOURNAL OF DEATH Newcomer's Sons 1331 BRUSH CREEK Kansas City, Missouri				25. DATE RECD. BY LOCAL REG. 12-13-60		26. REGISTRAR'S SIGNATURE H-L-Dwyer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Slentz

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 *C. J. Nelson*

Licensed Embalmer No. 4401

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.