

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-006411
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 834

FILED MAR 7 1962

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 4hr. 50min
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY JOHNSON
c. CITY OR TOWN OLATHE Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 420 E CEDAR Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last BEEBE
4. DATE OF DEATH Month Day Year 2-4-62

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 2-4-62 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min. 4 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME MARY Beebe
17. NAME OF HUSBAND OR WIFE

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. 17. INFORMANT Address mother - Mary Beebe - Olathe, Ks

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chaper
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) abruptis
DUE TO (c) Pneumonia
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 2/4/62 to 2/4/62 and last saw her alive on 2/4/62
Death occurred at 11:58 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dan C. Berger
22b. ADDRESS Shawnee Mission, Kansas
22c. DATE SIGNED 2/7/62

23a. SEX, CREMATION, REMOVAL (Specify) 23b. DATE 2-7-62 23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Trinity Lutheran Hosp. Kansas

24. FORMAL DIRECTOR ADDRESS
25. DATE RECD. BY LOCAL REG. 2-13-62
26. REGISTRAR'S SIGNATURE Ruth Long

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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Dan C. Berger
SHOULD READ
ITEM NO.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.