

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15962

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1823</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <b>JACKSON</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>		
c. LENGTH OF STAY (In this place) <b>3 YEARS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		d. STREET ADDRESS (If rural, give location) <b>207 WEST LINWOOD BLVD.</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSPITAL</b>								
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <b>SISTER BEATRICE</b>		b. (Middle) <b>JOSEPH</b>		c. (Last) <b>(GEATLEY)</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 23 49</b>		
(Type or Print)								
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>RELIGIOUS</b>		8. DATE OF BIRTH <b>MAY 27, 1883</b>		
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RELIGIOUS</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>BYRNESVILLE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN GEATLEY</b>			13b. MOTHER'S MAIDEN NAME <b>BRIDGET BARRETT</b>			14. 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)			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>SISTER HORTENSIA, 207 W. LINWOOD</b>			
18. CAUSE OF DEATH			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Vegetative Endocarditis</b>				<b>1 month</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
			DUE TO (b) <b>Mitral Stenosis</b>				<b>year</b>	
			DUE TO (c) <b>Rheumatic Fever</b>					
			II. OTHER SIGNIFICANT CONDITIONS					
			Conditions contributing to the death but not related to the disease or condition causing death.				<b>410K</b>	
			<b>Massive Infarcts</b>					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>Both kidneys,</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-10</u> , 19 <u>49</u> , to <u>4-23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-23</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <b>W. M. Ketcham</b> (Degree or title) <b>(M.D.)</b>				23b. ADDRESS <b>NC MO</b>		23c. DATE SIGNED <b>4/24/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-26-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. ST. MARY'S CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b>		
DATE REC'D BY LOCAL REG. <b>4-26-49</b>		REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>		FUNERAL DIRECTOR'S SIGNATURE <b>J. J. Donnell Co.</b>		ADDRESS <b>N. C. MO.</b>		
				(Licensed Embalmer)		Statement on Reverse Side		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed Park G. Rowe

Signed.....  
Student Embalmer

Licensed Embalmer No. 7347

P. O. Address K. C. Mo.

**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 this body is not embalmed, fact should be so stated above.