

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1024**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **122**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home - 3218 Holmes		d. STREET ADDRESS (If rural, give location) 3218 Holmes	

3. NAME OF DECEASED a. (First) Felix b. (Middle) _____ c. (Last) BEULLENS		4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 1, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Building Contractor - Self		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) 82
11. BIRTHPLACE (State or foreign country) Liege, Belgium		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Pete Beullens	13b. MOTHER'S MAIDEN NAME Virginia Beullens	14. NAME OF HUSBAND OR WIFE Lula S. Beullens
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'S SIGNATURE OR NAME Lula S. Beullens, 3218 Holmes, K.C., Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH Immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) age		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4211	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 **Feb. 1, 1950**, to **Jan. 9, 1951**, that I last saw the deceased alive on **Nov**, 1950, and that death, occurred at **2:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harry E. Schoen (Degree or title)	23b. ADDRESS 90. 5730 Brooklyn K.C. Mo	23c. DATE SIGNED 1-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1-11-51	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Lexington, Mo.
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DATE REC'D BY LOCAL REG. 1-10-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Hellody-McGilley-Eyalr ADDRESS 1800 Linwood, K.C., Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Jackson	Missouri	Jackson
Kansas City	Kansas City	Kansas City
3218 Holmes	3218 Holmes	At Home - 3218 Holmes
Jan. 9, 1951	SEPT 29 1951	Felix
1954	28	Male
AUG 6 1954	Sept. 1, 1888	White
USA	Lige, Belgium	Retired Building Contractor - Self
AUG 6 1954	Lula S. Bouliens	Pete Bouliens
Mo.	Lula S. Bouliens, 3218 Holmes, K.C., Mo.	None

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Max W. Kirkendall

Signed.....
Student Embalmer

Licensed Embalmer No. 4632

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.

RECEIVED - 11 - 11 - 51

WOODWARD & LOVELL, 1800 BROADWAY, K.C., MO.