

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8937

State File No. _____

0485

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>14 Mon.</u>		d. STREET ADDRESS (If rural, give location) <u>119 So. Pendelton St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 So. Pendelton St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>-----</u> c. (Last) <u>Beach</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 25, 1859</u>		9. AGE (In years last birthday) <u>91</u>		10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
11. IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>convalescent Patient</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Patient</u>	
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Lee Smith Tracy</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Napolen Beach</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Homer Beach, Lee's Summit, Mo.</u>	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. myocarditis</u>		ANTECEDENT CAUSES					
DUE TO (b) _____		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.		<u>senility.</u>				<u>4222</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan, 1951, to Mar. 12, 1951, that I last saw the deceased alive on Mar. 11, 1951, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Philip Japer M.D.</u> (Degree and title)		23b. ADDRESS <u>Lee's Summit, Mo.</u>		23c. DATE SIGNED <u>3-12-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 14, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Mar 13-1951</u>		REGISTRAR'S SIGNATURE <u>James H. Salyer</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Langsford</u>		ADDRESS <u>Lee's Summit, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 23 RECD

1391

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 _____

W. D. Langford

Signed.....
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, 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.