

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12798
State File No. _____
1716
Registrar's No. _____

APR 26 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>5749 Kenwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's</u>			

3. NAME OF DECEASED a. (First) <u>Mary Elizabeth</u> b. (Middle) _____ c. (Last) <u>Beachy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1952</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>Oct. 7 1870</u>		9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Salisbury Pennsylvania</u>	
13a. FATHER'S NAME <u>John J. Keim</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Beighly</u>		14. NAME OF HUSBAND OR WIFE <u>Richard Beachy</u>

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>Hospital Records St. Luke's</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES DUE TO (b) <u>Perforation of small bowel</u> DUE TO (c) <u>Intestinal obstruction (mechanical)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 mo.</u>
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19a. DATE OF OPERATION <u>3-2-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction, gangrenous</u>		20. AUTOPSY? YES <input checked="" 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) _____		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 Sept. 1951, to 14 April, 1952, that I last saw the deceased alive on 14 April, 1952, and that death occurred at 3:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>William D. Beachy, M.D.</u> (Degree or title)		23b. ADDRESS <u>Kansas City, Mo. 201 Plaza Med. Bldg.</u>		23c. DATE SIGNED <u>14 April '52</u>	
24a. BURIAL CREMATION REMOVAL <u>buried</u>		24b. DATE <u>4-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Esbon Kansas</u>	
24d. LOCATION (City, town, or county) (State) <u>Esbon Jewell-Kansas</u>					

DATE REC'D BY LOCAL REG. <u>4-15-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ward B. Kansas Townsburg Kansas</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3243

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

Student Embalmer

Signed.....

W. B. Ryan

Licensed Embalmer No. *3222*

P. O. Address *Louisburg Kansas*

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.