

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16311**
Registrar's No. **2234**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007

1. PLACE OF DEATH a. COUNTY Jackson <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson <u>3-2-92</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
		d. STREET ADDRESS (If rural, give location) 1503 Penn	

3. NAME OF DECEASED (Type or Print) a. (First) Harvey	b. (Middle) S.	c. (Last) Beadles	4. DATE OF DEATH (Month) (Day) (Year) 5 14 52
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5. SEX M.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11-4-1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARAGE ATT.	10b. KIND OF BUSINESS OR INDUSTRY FIRE DEPT.	11. BIRTHPLACE (State or foreign country) MISSOURI <u>0</u>	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JAMES R. BEADLES	13b. MOTHER'S MAIDEN NAME Polly Birge	14. NAME OF HUSBAND OR WIFE MATTIE L. Beadles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-14-7913A	17. INFORMANT'S SIGNATURE OR NAME Chal Beadles	ADDRESS 614 E. 42nd
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia with pulmonary congestion		INTERVAL BETWEEN ONSET AND DEATH 49 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute hepatitis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 May 8, 1952, to May 14, 1952, that I last saw the deceased alive on May 14, 1952, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) <u>0</u>	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 5-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-16-52	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN	24d. LOCATION (City, town, or county) (State) K.C. MO.
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DATE REC'D BY LOCAL REG. 5-16-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Melody McGilley-Eylar	ADDRESS K.C. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Miller

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 *Glen E. Auch* _____

Licensed Embalmer No. 4063

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.