

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20347

State File No.

2724

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

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 township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 60 YRS.		d. STREET ADDRESS (If rural, give location) CHATHAM HOTEL - 3701 BROADWAY	
d. FULL NAME OF HOSPITAL OR INSTITUTION CRESTHAVEN CONVALESCENT HOME			

3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) C. c. (Last) BEATTIE			4. DATE OF DEATH (Month) (Day) (Year) 6 - 15 - 52		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 1-10-64	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 9	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME August C. Chateau		13b. MOTHER'S MAIDEN NAME Elizabeth Brewer		14. NAME OF HUSBAND OR WIFE THOS. J. BEATTIE	
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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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. HUGO BRECKLEN - CHATHAM HOTEL	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia			DUPLICATE OF (b) Chronic hypertensive cardiac disease			24 hours		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUPLICATE OF (c) arteriosclerosis			several years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Serility						several years		

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 Dec. 3, 1949, to June 15, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A. J. Spafford (Degree or title) M.D.		23b. ADDRESS 1404 Prof. Blvd. K.C. Mo		23c. DATE SIGNED 6-16-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-17-52		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
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DATE REC'D BY LOCAL REG. 6-16-52		REGISTRAR'S SIGNATURE Senselaine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS CITY, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

4

MAILED JUL 5 1952

1-30-22
7:27 PM
Dr. J. J. Allen
Director
P. O. Box 1415
Baltimore

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 J. J. Allen
Licensed Embalmer No. 1415
P. O. Address 1415

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.