

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27929
State File No. 3476

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <u>3307 Genessee</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Kansas City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North East Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Ira</u> b. (Middle) <u>J</u> c. (Last) <u>Bever</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-1-1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 16-1893</u>
9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 Hrs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Business</u>	11. BIRTHPLACE (State or foreign country) <u>Cherryvale Kan</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wm Jeff Bever</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Ann Hoff</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Bever</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>yes</u> (If yes, give war or dates of service) <u>World War #1</u>	16. SOCIAL SECURITY NO. <u>486-09-5049</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Bever</u> ADDRESS <u>3307 Genessee K.C. Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute diffused Peritonitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Partial Intestinal Obstruction</u>			<u>3</u>
DUE TO (c) <u>Adeno Carcinoma of Colon</u>			<u>3</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>153X</u>
19a. DATE OF OPERATION <u>7/29/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma of entire Colon</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>	
22. I hereby certify that I attended the deceased from <u>7/19</u> , 19 <u>52</u> , to <u>8/1</u> , 19 <u>52</u> that I last saw the deceased alive on <u>8-1</u> , 19 <u>52</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. O. Pence</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>2722 Prospect K.C. Mo</u>	23c. DATE SIGNED <u>8/2/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 3, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leis Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Leis Summit Mo</u>
DATE REC'D BY LOCAL REG. <u>8-4-52</u>	REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>N.B. Langford</u> ADDRESS <u>Leis Summit Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 M. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit

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.