

FILED NOV 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34885

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4665

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mission <u>2150</u>	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 6008 Delmar	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) ROY	a. (First)	b. (Middle) RAYMOND	c. (Last) BEYER	4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1952
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 11, 1909	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief of Pharmacy-Univ. of Ks. Med. Center	10b. KIND OF BUSINESS OR INDUSTRY Kansas	11. BIRTHPLACE (City and State or Foreign Country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Samuel Beyer	13b. MOTHER'S MAIDEN NAME Mary Grimm	14. NAME OF HUSBAND OR WIFE Clorine Beyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 511-03-1877	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clorine Beyer	ADDRESS Mission, Kans.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days 193X 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Astrocytoma, brain		
	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. Craniotomy			

19a. DATE OF OPERATION 22 Oct '52	19b. MAJOR FINDINGS OF OPERATION Astrocytoma, right parietal	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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

22. I hereby certify that I attended the deceased from 17 Oct, 1952 to 23 Oct, 1952 that I last saw the deceased alive on 23 Oct, 1952 and that death occurred at 3:30 pm., from the causes and on the date stated above.

23a. SIGNATURE E. G. Neighbor (Degree or title) MD	23b. ADDRESS 1420 So. 42nd K.C. Mo.	23c. DATE SIGNED 25 Oct 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/25/52	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Sabetha, Kansas
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DATE REC'D BY LOCAL REG. 10-25-52	REGISTRAR'S SIGNATURE E. G. Neighbor	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE,	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Ernest Neigher
5228 Belmont

Pa. 6060

11:00 - 5:00

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. D. Walton

Licensed Embalmer No. 2744

P. O. Address Keeno

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.